

25th Anniversary Lecture Series: New Policies for a New Era

Summary of lecture one - Health Inequalities, New Policies for a New Era, 25 October 2012

Background information: Lecture 1 set the policy context for tackling health inequalities in WHO Europe through the new Health 2020, a European policy framework for health and well being and locally, through *Fit and Well – Changing Lives*, the draft strategic framework emphasizes the role of all sectors and levels of government in creating health and tackling inequalities.

Opening remarks

Eddie Rooney, Chief Executive, Public Health Agency chaired the lecture and launched the series by commending Belfast Healthy Cities for organising this 25th anniversary series of lectures which provides opportunities to share knowledge and good practice from across Europe. He acknowledged Belfast Healthy Cities tremendous contribution to the field of health and health inequalities over the last twenty five years and its commitment to continue this work in the future. He also highlighted that being a member of the WHO European Healthy Cities Network is an important resource to the city.

Opening address: Naresh Chada, DHSSPS

Presentation: *Northern Ireland's commitment to tackling inequalities*

Key messages:

Naresh stated that *Fit and Well – Changing Lives* succeeds and builds on Investing for Health (IfH), the Executive's first cross – cutting public health strategy published in 2002. The Investing for Health Review provided a starting point for the development of the new framework. The major new body of evidence which emerged from the work of Sir Michael Marmot and the strategic review of health inequalities in England have been considered in updating the framework.

Current public health challenges

- Health impact and social cost of alcohol is as much as £679m per year
- 1 in 5 adults in NI have a mental health condition (anxiety/depression)
- 59% of adults are either overweight or obese
- Tobacco is the greatest cause of preventable illness and premature death
- More than 1 in 5 children growing up below the poverty line
- 44% of households in fuel poverty (76% in 75 years+ age group)
- Unemployment rate 8.2 %:
 - 45.5% unemployed for 1 year +
 - Rate for 18-24 yr olds 22.3%
- Demographic trends – the growing ageing population
- Inequalities - while health of the population in general has been improving, the rate of improvement is not the same for everyone. Health outcomes are generally worse in the most deprived areas in NI

The key focus remains on the uneven distribution of health – and to quote Minister Poots in the Assembly recently on tackling inequalities “*This isn’t a sprint, it’s a marathon.*”

Fit and Well framework

The framework reflects these challenges and a key development in the ‘Fit and Well’ framework is the lifecourse approach with two underpinning themes which cut across the lifecourse.

At population level the framework emphasizes the importance of developing people’s potential and coping skills and the importance of creating supportive environments which will support and promote health. It acknowledges the major influence of the communities into which we belong and the importance of promoting supportive and sustainable communities as a strategy to tackle health inequalities. The second underpinning theme focuses on building healthy public policy, which aims to ensure that potential health impacts will be taken into account as part of all policy development process and applies equally to non health as well as health policies.

<http://www.dhsspsni.gov.uk/fit-and-well-consultation-document.pdf>

Keynote address, Erio Ziglio, Head of the World Health Organization European Office for Investment for Health and Development, Venice
Presentation: *Health: A major resource and asset. Health 2020 WHO European strategy*

Key messages:

Erio in his key note presentation began his presentation by outlining the key challenges for public health in this decade:

- Changing demographics
- Globalization
- New technologies
- More informed and demanding citizens
- Recognition of the importance of health to human development
- Slower economic growth and austerity policies
- Rising inequalities in health

Health inequities can be defined as ‘systematic differences in health status between different socio-economic groups. These inequities are socially produced (and therefore modifiable) and unfair’ – there are widening health inequities throughout Europe.

Health is more than healthcare: health is promoted and sustained where people are born, grow, work and age. Erio highlighted the importance of linking good health with economic growth – good health increases productivity and labour supply.

The role and performance of health systems in addressing issues of health inequities cannot only relate to the issue of “Access”. Access is indeed key, but must be accompanied by equity in treatment, outcome and cost.

Health 2020 - the new WHO European Health Policy has been signed by 53 member states in the WHO European Region. It is a significant achievement focusing on health as an asset with a clear commitment to improving health for all and reducing health inequalities and improving leadership and participatory governance for health.

The four priority areas with the framework are:

- Investing in health through a life-course approach and empowering people
- Tackling the regions major health challenges of non communicable and communicable diseases
- Strengthening people-centred health systems that are universal, equitable, sustainable and of high quality, public health capacity and emergency preparedness, surveillance and response
- Creating resilient communities and supportive

Other examples of WHO's global and European commitment to tackling Health Inequalities includes the following studies:

- The European Health Policy Forum for High Level Government Officials Forum
- Closing the gap in a generation – health equity through action on the social determinants of health
- Draft final report on social determinants of health and the health divide in the WHO European Region
- Governance for Health in the 21st Century

Erio outlined a number of factors important to consider suggestions in addressing inequalities:

- Being able to collate relevant data and statistics and react to these
- Importance of having a high level strategic plan to set direction
- Need to strengthen health systems to address increased vulnerability
- Develop an integrated model for action
- Manage 'systems' not only separate interventions
- Think of assets not only deficits
- Change sectoral behaviour
- Reposition health within development

He provided an example of integrated planning on development and health in Slovenia when three departments - agriculture, health and tourism came together and developed an integrated action plan which transformed a region in Slovenia from disadvantage to prosperity.

Erio concluded emphasising the important role of individual and community assets in tackling inequalities and promoting health – and how essential it is that individuals and communities themselves identify their assets. He gave the example of Ray Charles who identified hearing as his greatest asset but public health consultants and others may have diagnosed his greatest asset as his voice.

<http://www.euro.who.int/en/what-we-do/health-topics/health-policy/health-2020>

Mike Kelly, Director of the Centre of Public Health, National Institute for Health & Clinical Excellence

Presentation: *Tackling the social gradient: What works?*

Key messages:

The social gradient in health by definition means that health improves progressively as the socio economic position of people and communities improve. Mike outlined four challenges for professionals in public health in measuring interventions to tackle and address inequalities in ‘the social gradient’.

1) In shifting the gradient upwards, the challenge is to fully understand communities - within this we need to both individual characteristics such as disease outcomes, influenced by blood pressure; height; personality - introversion and extraversion; morbidity; occupation and sex and relational characteristics such as patterning of disease at a population level, influenced by social class; gender; social status; tribe and caste, which should be considered separately.

2) Appropriately mapping and identifying the causal pathways from interventions to outcomes. Mike used the example of alcohol misuse – there may be a wide range of causes both at an individual and society level that affect and lead to alcohol misuse – all of which need to be considered when developing interventions to tackle alcohol misuse.

3) Gaps in the evidence: there is the absence of good studies exploring the relationships between interventions and outcomes; the absence of plentiful economic information about the costs of the activity and lack of information about the delivery of interventions.

4) Transferability of the evidence: there are clear reasons to assume that what has been observed in one area where the primary studies have been carried out would apply equally well in another area. Mike suggested that “evidence does not speak for itself – it always requires interpretation”.

Mike concluded by saying that tackling inequalities and the social gradient requires concentrated action to improve:

- Skills of individuals and communities
- Interpersonal relationships and behaviour
- Providing a shared meaning with others

Anna Ritsatakis, WHO Expert Advisor on Health Equity,

Presentation: *Tackling the social determinants of inequalities in health: a framework for action*

Key messages:

Anna presented the WHO European Healthy Cities network “Framework for action” to tackle the social determinants of health. This was developed in partnership with the 97 cities designated to the WHO Healthy Cities network to clarify concepts; provoke self-assessment and act as a resource document providing examples of good practice. These include tools and information available through the Healthy Cities network or other WHO programmes.

The framework builds on past experience but shifts the focus to:

- re-affirming the values - health as a human right
- providing greater transparency
- challenges cities to more fully understand prospective partners & their objectives, creating stronger, sustainable partnerships
- focuses on assets and local capacities and
- reconsiders health and wellbeing

It emphasises the importance of working at a national and global level so that promoting equity in health becomes a societal goal tackled through systematic action in a whole of local government approach and that we need to work to ensure that:

1. entire city administration and the local media understand the concept of equity in health and social determinants of health including the private sector and local residents
2. cities have an analysis of inequalities in health and their causes
3. main objectives, targets, action and monitoring of progress for tackling inequalities in health are agreed across the city administration/s

Anna outlined examples of practice throughout healthy cities in Europe where a number of commitments have been taken forward, UK including Belfast, Turkey, Spain, Sweden, and Norway. She commended the leadership and vast expertise and experience in Belfast in working to address inequalities. She concluded by giving examples of how inequalities in health can be made worse through national policy. In Greece the economic downturn and austerity measures has had devastating effects on peoples' health and wellbeing with whole families being made homeless and living on the streets due to rising unemployment. There has also been a rise of 40% in suicides in the first half of 2012. She concluded "*A legacy of mental illness could remain in a generation of young people damaged by too many years of life without hope*".

<http://www.euro.who.int/en/what-we-do/health-topics/environment-and-health/urban-health/publications/2012/healthy-cities-tackle-the-social-determinants-of-inequities-in-health-a-framework-for-action>

Knut-Johan Rognlien, Head of the Public Health Unit, Ostfold County Council, Norway

Presentation: Mobilising action on inequalities: A Norwegian regional approach

Key messages:

A 3 level approach is used in Norway to promote and reduce the inequalities gap: the National State, the County Councils and the Municipalities.

At a national level 2 main 'Government Acts' endeavour to improve health and address inequalities, these are:

- *The Norwegian Public Health Act of 2012* - the purpose of this Act is to contribute to societal development that promotes public health and reduce social inequalities in health – this is applicable for the state and municipalities.

- *Norwegian Public Health Act for County Councils 2010* – the purpose of this act is to motivate and coordinate action within municipalities to support public health initiatives and ensure *Health in All Policies* is included in all the county councils ordinary operations and enterprises.

At a county council level, the Public Health Committee is responsible for developing the following areas:

- Communications and infrastructure
- Business development
- Cultural initiatives and cultural heritage protection
- County planning and environmental protection
- Public health
- Coordinated societal and spatial planning
- International engagement

In Ostfold county, which has a population of 270,000 inhabitants, and a multisectoral Public Health Committee made up of representatives from various sectors including education, culture and health, transport, industry, the environment and community planning, a county plan has been developed and one of the core elements of the plan is to reduce social inequalities of health.

There are 3 main priorities:

- Public health
- Environment
- Business development

Knut also highlighted strong lobbying measures that resulted in the Public Health Act 2012 which now requires all municipalities (Councils) to reduce social inequalities in health. He also outline innovative ways in which health promotion is promoted in schools and give the example of how they worked with students to reduce the intake of soft drinks through identifying and carrying into the classroom the number of sugar lumps they would be consuming if they consumed one small bottle of soft drink per day.

At a local level Knut also briefly talked about the HEPROGRESS project which aims to raise awareness and promote information about health inequalities among politicians, other decision makers, and in the general public. <http://heproforum.net/>

Powerpoint presentations for Lecture 1 available at:

<http://www.belfasthealthycities.com/all-news/166-presentations-from-the-first-lecture-in-belfast-healthy-cities-25th-anniversary-lecture-series.html>