DETERMINE
and a
Scottish perspective

JASP Meeting Quebec 17-18 November 2008
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Chief Executive

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My conclusions

- DETERMINE:
  - ➢ early days

  - ➢ varied picture

  - ➢ increasing commitment

  - ➢ need for tangible outputs and outcomes

- Scotland's experience
  - ➢ an emerging case study

  - ➢ work in progress

  - ➢ importance of context

  - ➢ role of performance management

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DETERMINE

**an EU Consortium for Action on the socio-economic
determinants of health**

DETERMINE – who are we?

- EU Consortium for ACTION on Socio-economic
  Determinants for Health (2007 – 2010)

  - Contract holder: National Institute for Public Health
    in Czech Republic

  - Coordinator: EuroHealthNet

  - 5 Work Programme leaders

  - Co-funder: European Commission DG Sanco

  - 30 main partner organisations

  - 26 collaborating partners

DETERMINE - Our AIMS

1. **To take forward existing work on the socio-economic determinants of health as an approach to reduce health inequities in the EU.**

2. **To make concrete progress towards policy developments that positively influence these determinants.**

   – To develop knowledge base on Health in All Policies approach,

   – To identify innovative approaches

   – To raise awareness and build capacity

   – To develop **www.health-inequalities.eu** as the main EU online resource for socio-economic determinants and health inequalities.

Starting point:
What are countries doing to address the SDHI?

- Do policies exist to tackle the Social Determinants of Health Inequalities (SDHI)?

  – Across government

  – Health sector

  – Other sectors

  Belgium, Czech Republic, England, Estonia, Finland, Iceland, Ireland, Netherlands, Northern Ireland, Norway, Poland, Scotland, Slovenia, Spain, Wales

- Are actions in place to support these policies
  - – Structures   - Personnel
  - – Funding   - Mechanisms

Current situation

➢ **Cross Government Approaches driven by National Government:** A few countries with integrated policies

➢ **Cross Government Approaches driven by Health Sector:**
Most partners have national health strategies with explicit reference to addressing health inequalities

➢ **Other Policy Sectors:**
Education, Employment, Economy, Urban and regional planning, Neighbourhood renewal and housing policy, Social inclusion, Tourism

Resources, tools, mechanisms

• Financial and human resources varied – possible correlation with health inequalities being part of government strategy overall.

• Some countries have dedicated units and resources - not the norm. Activities include:

➢ HIA
➢ Other impact assessment methodologies
➢ Consultation
➢ Evaluative tools, research, surveys
➢ Workshops, conferences
➢ Partnerships

Observations to date

- Health inequalities high on agenda in a number of countries
- No universal terminology or definition
- Health not always explicitly named but similar aims exist for other areas
- Social inclusion also important
- Research reports useful
- Cross sectoral committees useful particularly in light of overall government strategy as a driver.

Observations to date continued

- Recognition of need but work in early stages

- Interventions not systematically evaluated

- Role of the health sector is (1) to ensure good quality health care responsive to the needs of all (2) to take away the barriers that disadvantaged people face.

- Equally important role is (1) to prevent people from getting ill (2) to address the socio-economic factors leading to health inequalities and (3) to mobilize other sectors to contribute.

Questions raised

- What is the priority attached to addressing SDHI?

- What can be done to strengthen work in this area?

- Does it matter if SDHI are explicitly referred to? Or is it sufficient if actions are underway that could be seen to contribute to this agenda?

- How important is it to have a common language with a clear definition?

- **How is** your country/region/municipality addressing the Social Determinants of Health Inequalities?

Policy context: Health in all Policies

- *International context*: 'New' Public Health movement from Alma Ata to Ottawa to Bangkok conferences

- *The EU Dimension:* HiAP provides strong mandate for action in many policy sectors

- *National policies*: Wide range of policies and actions on health equity and HiAP

- *Regional and local level*: In many countries welfare services and health promotion local level responsibility

Challenges in implementing HiAP

"While many countries try to strengthen the collaboration between health and other sectors……..the practices and practicalities of how this should be done are not yet well established"

Ståhl, T. and Lahtinen E.: HIAP Policies and perspectives, 2006

DETERMINE – expected outcomes

Some of the expected outcomes of DETERMINE:
- A sustainable EU multi stakeholder consortium for actions on socio-economic determinants

- Practical follow up to EU "Health in all Policies" ministerial conclusions 2006

- Innovative actions: social marketing for health pilots, policy maker surveys

- Support for capacity building actions

- Policy recommendations.

For more information

www.health-inequalities.eu

Scotland: a case study

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"We have made tackling health inequalities our top priority"

Nicola Sturgeon
Cabinet Secretary for Health & Wellbeing

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scotland's health is improving rapidly but it is not improving fast enough for the poorest sections of our society. Health inequalities ... remain our major challenge.

equally
well
report of the ministerial task force on health inequalities

The Scottish Government

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The most significant inequalities:

- Children's very early years, which influence the rest of their lives.

- The high economic, social and health burden imposed by poor mental health, and the requirement to improve mental wellbeing.

- The "Big Killers" including cardio-vascular disease and cancer. Risk factors for these, such as smoking, are strongly linked to deprivation.

- Drug and alcohol problems and links to violence that affect younger men in particular and where inequalities are widening.

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Task Force's recommendations

- Support for families and young people

- Mental health and wellbeing

- Poverty and employment

- Physical environments

- Alcohol, drugs, violence

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Recommendations for health services:

- Anticipatory care

- Primary care

- Smoking

- Vulnerable groups and diversity

- NHS wider role

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Delivering change:

- Public services and client pathways

- Test sites and learning networks

- Using resources effectively

- Clear outcomes, performance reporting and performance management

- Short and long timescales

- Evaluation and review

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Performance management

Why strategies fail

➢ Vision: workforce and community understanding

➢ People: (dis)incentives

➢ Management: lack of focus

➢ Resources: linkage with priorities and investment

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National Performance Framework
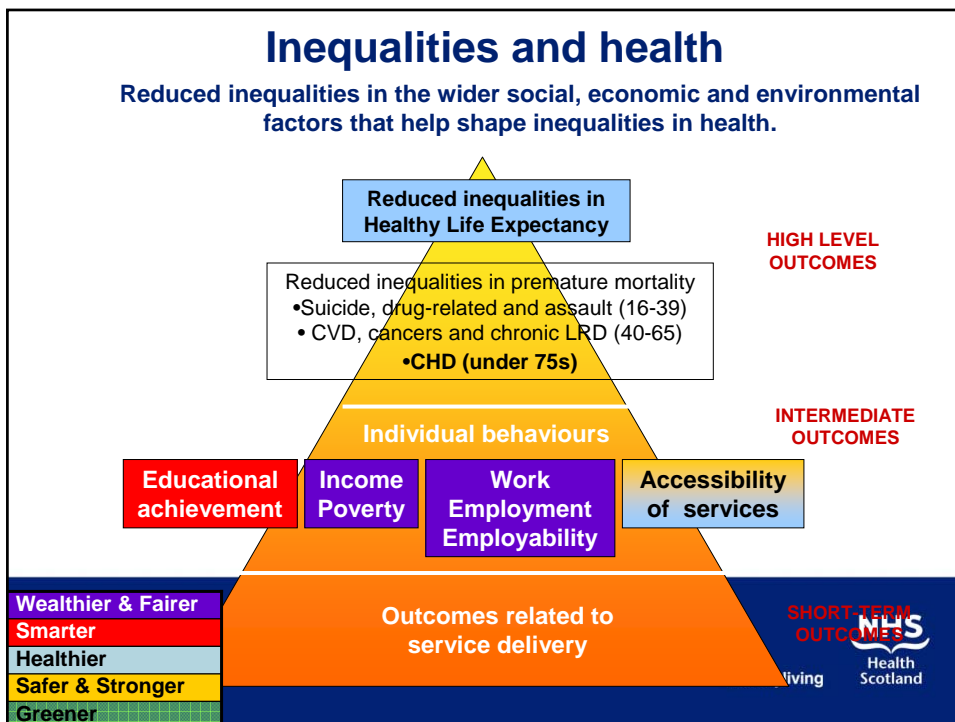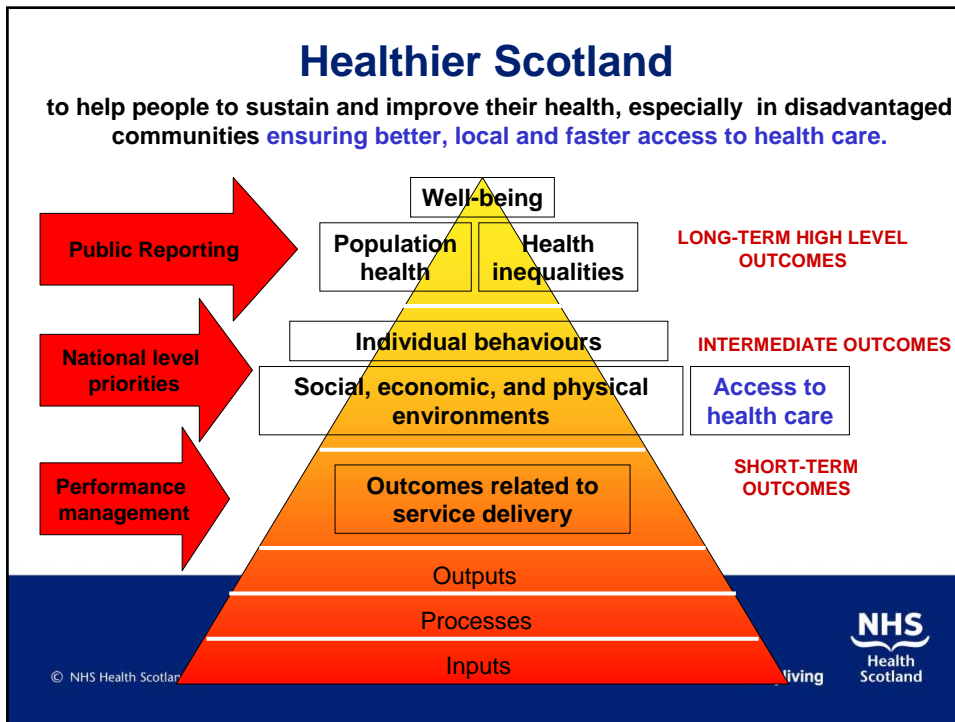## The Government's Purpose

7 High Level Targets

- Growth
- Productivity
- Population
- Cohesion
- Participation
- Solidarity
- Sustainability

5 Strategic Objectives

- Wealthier & Fairer
- Smarter
- Safer & Stronger
- Healthier
- Greener

15 National Outcomes

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Healthier Scotland

to help people to sustain and improve their health, especially in disadvantaged communities ensuring better, local and faster access to health care.

Well-being

Population health

Health inequalities

LONG-TERM HIGH LEVEL OUTCOMES

Public Reporting

Individual behaviours

INTERMEDIATE OUTCOMES

National level priorities

Social, economic, and physical environments

Access to health care

SHORT-TERM OUTCOMES

Performance management

Outcomes related to service delivery

Outputs

Processes

Inputs

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Inequalities and health

Reduced inequalities in the wider social, economic and environmental factors that help shape inequalities in health.

Reduced inequalities in Healthy Life Expectancy

HIGH LEVEL OUTCOMES

Reduced inequalities in premature mortality
•Suicide, drug-related and assault (16-39)
• CVD, cancers and chronic LRD (40-65)
•CHD (under 75s)

Individual behaviours

INTERMEDIATE OUTCOMES

Educational achievement

Income Poverty

Work Employment Employability

Accessibility of services

Wealthier & Fairer
Smarter
Healthier
Safer & Stronger
Greener

Outcomes related to service delivery

SHORT-TERM OUTCOMES

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Cross-cutting policies

Understood properly, **health** is not simply a topic to be added to (or deleted from) the agenda of governments. It is the lens through which to view the entire agenda…..in order to develop integrated, coherent strategies
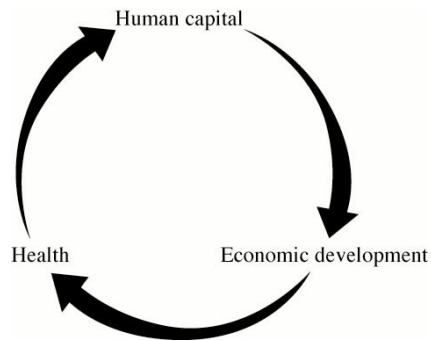
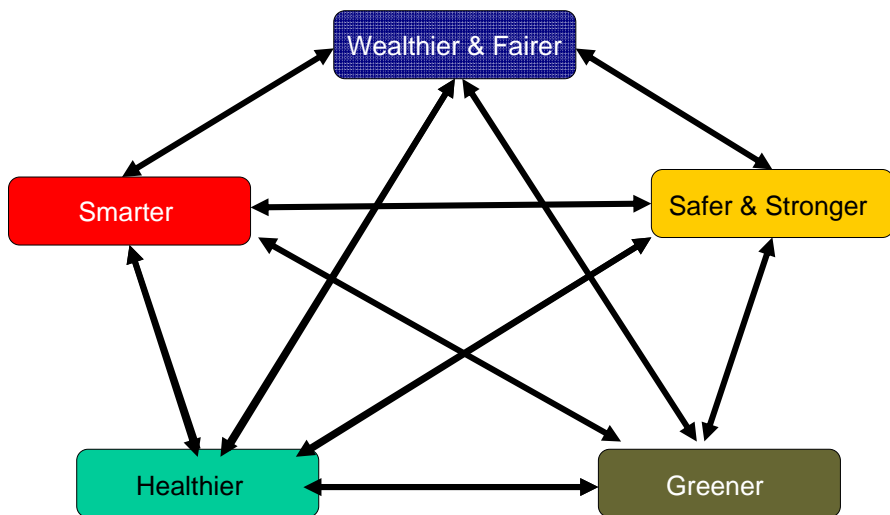Or sustainability, economic development, culture

Education and human capital

My conclusions: a reminder

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Thank you   Merci

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