

Inequality in health in Europe

*challenges for joint
programming of research*

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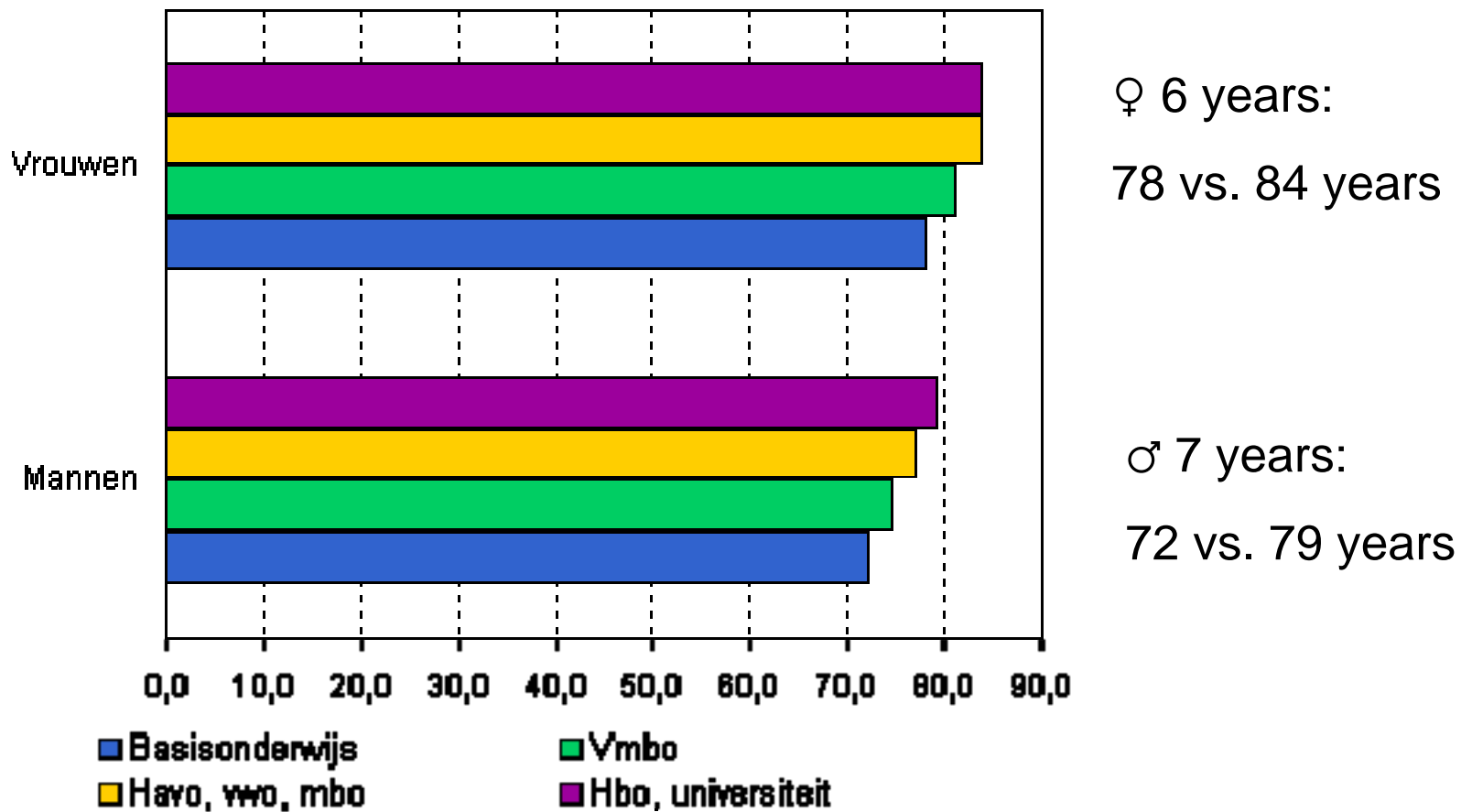
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Content (1)

- *Inequalities in health in the Netherlands: evidence and policy*
- Investments in research on inequalities in health in the Netherlands
- Challenges for future research

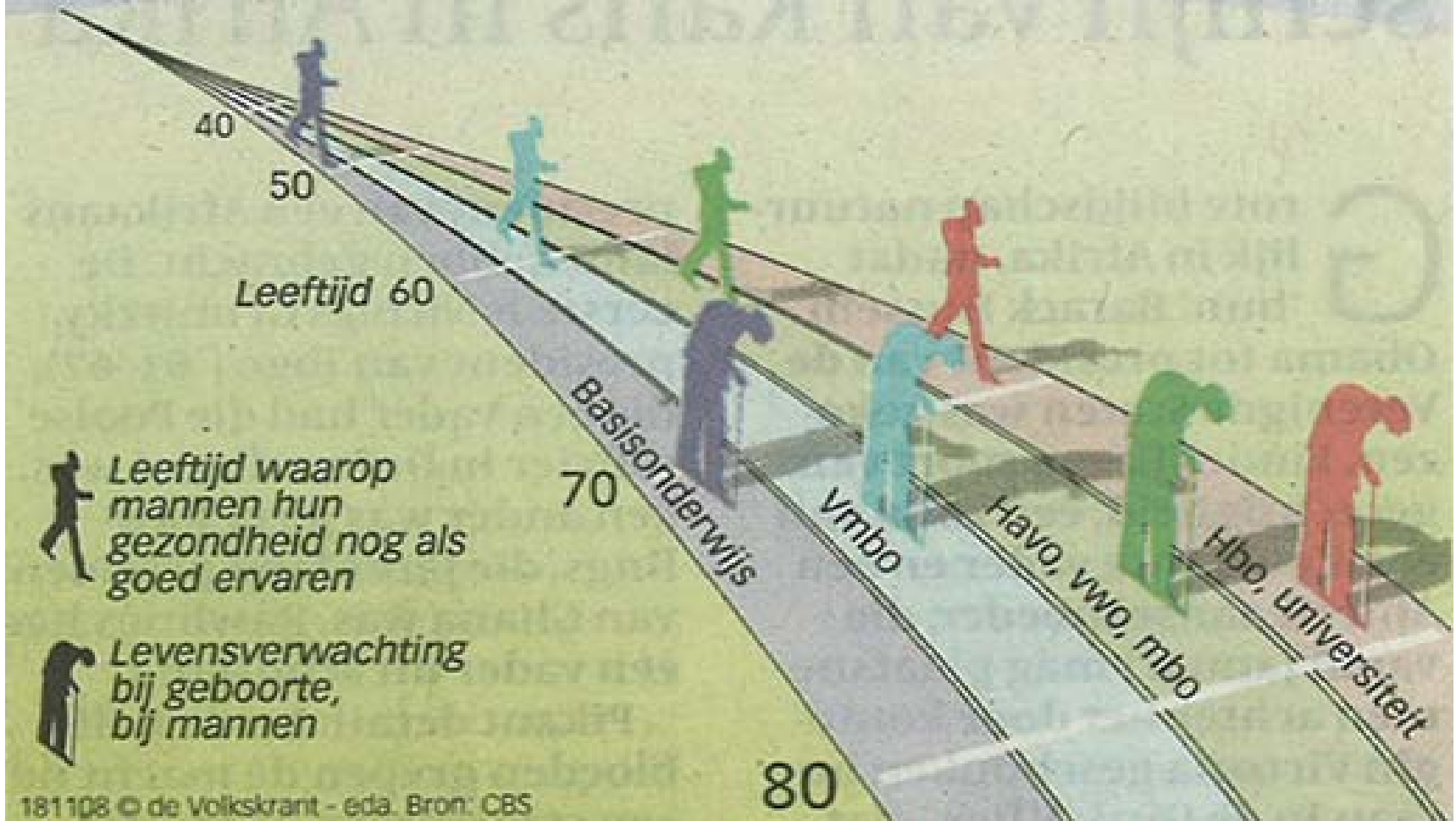
Inequalities in life expectancy by educational level



Source: CBS, 2008

Hogeropgeleiden leven langer en gezonder

Gezondheidservaring en levensverwachting per opleidingsniveau



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Inequalities in health by ...

- Socio-economic status (educational level etc.)
- Ethnic background
 - 10% of population non-Western background
 - Main groups: people from Surinam, Morocco, Turkey, Dutch Antilles
- Neighbourhood
- Etc.

Policy (1)

- In 2001, Dutch government adopted policy target:

The healthy life expectancy of the lowest socioeconomic group needs to be raised by 2020 with at least 25% of the current difference in healthy life expectancy i.e. 3 years

- However, government failed to come up with concrete action plan or budget
- Inequalities in health remained stable since eighties

Policy (2)

- Issue back on political agenda since 2007

- ‘A healthy Netherlands

A country where differences in health between population groups are small’.

(‘Being healthy, staying healthy – a view on health and prevention’, Minister of Public Health, November 2007)

Content (2)

- Inequalities in health in the Netherlands : evidence and policy
- *Investments in research on inequalities in health in the Netherlands*
- Challenges for future research

Investments in research: two national research programmes

I: 1989-1994

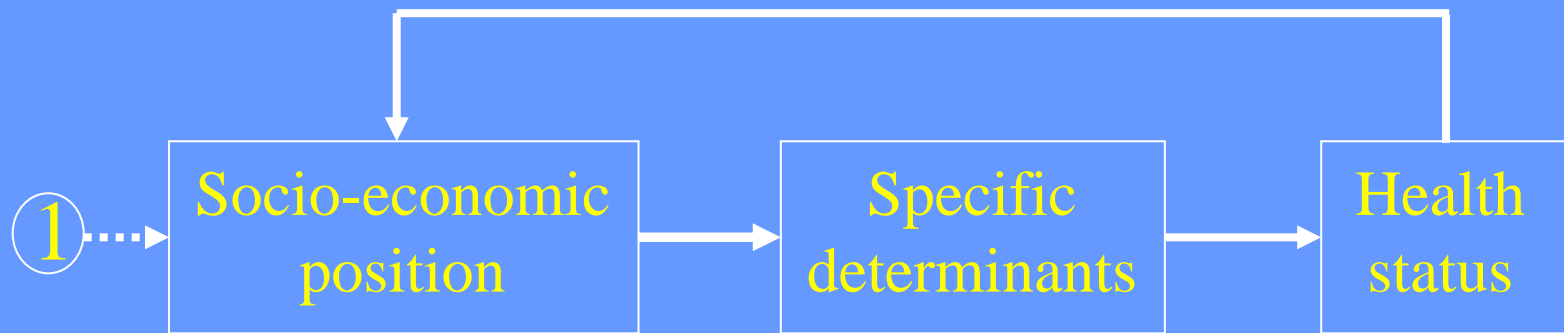
Aim was to generate knowledge on the size / nature of health inequalities

II: 1995-2001

Aim was to generate knowledge on effectiveness of interventions, in order to develop a national strategy for reducing inequalities in health

(Mackenbach & Stronks 2002, Stronks & Mackenbach 2006)

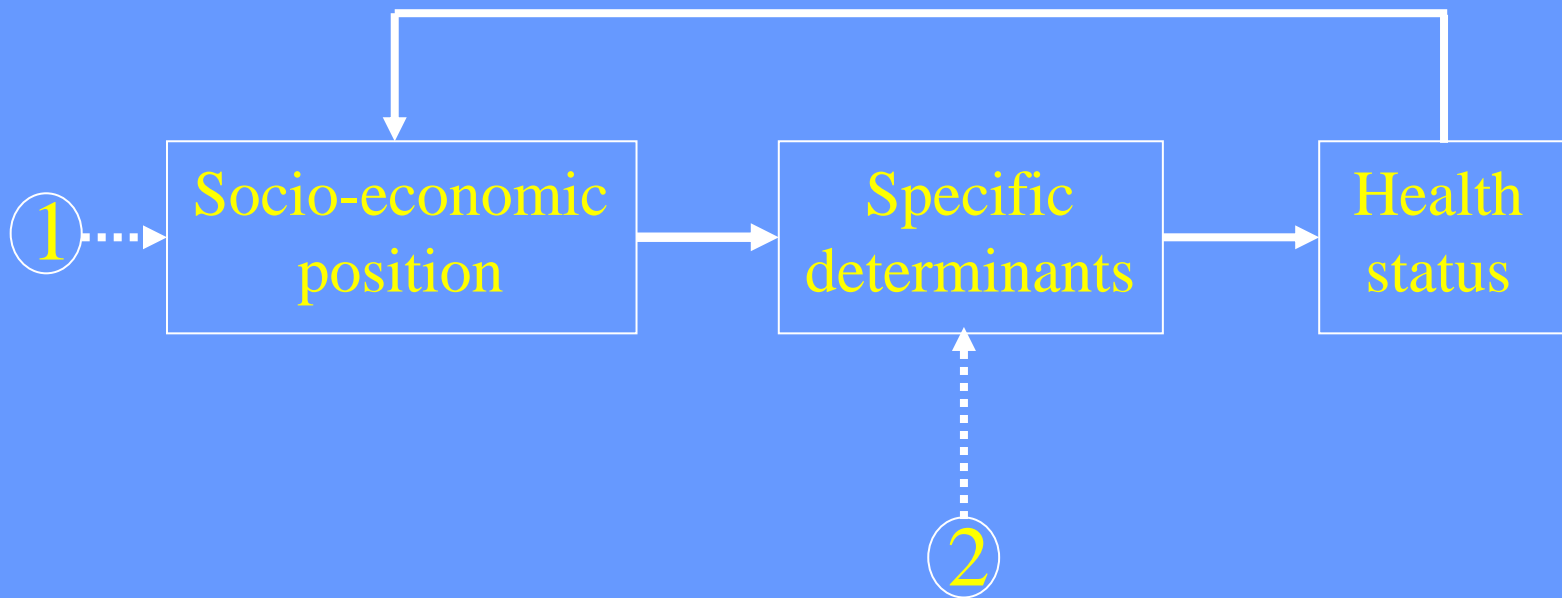
Policy options (1)



(1) reducing inequalities in education/occupation/income

Example: reduction of poverty in youth health care

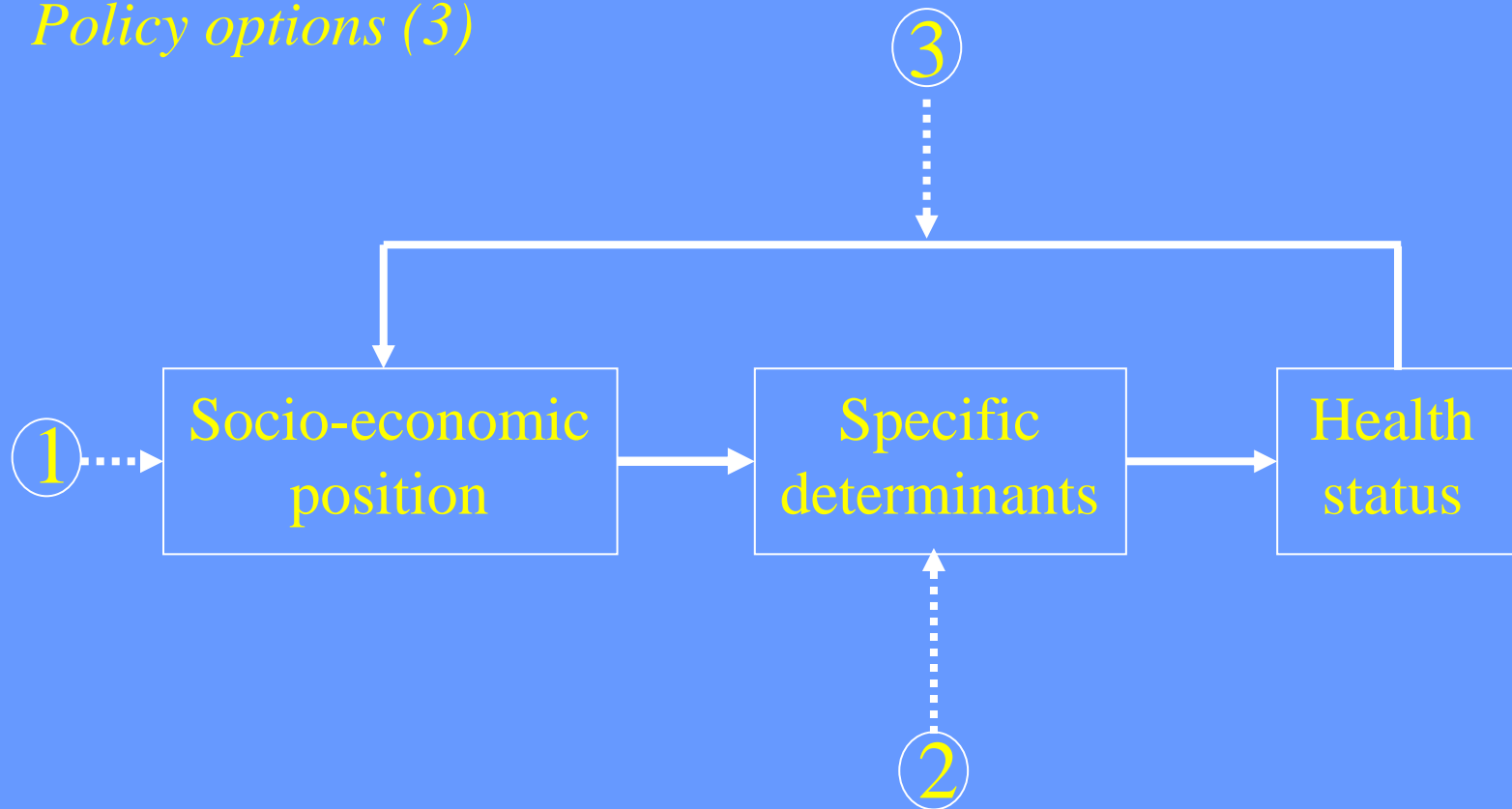
Policy options (2)



(2) reducing inequalities in specific determinants

Example: prevention of smoking in secondary school

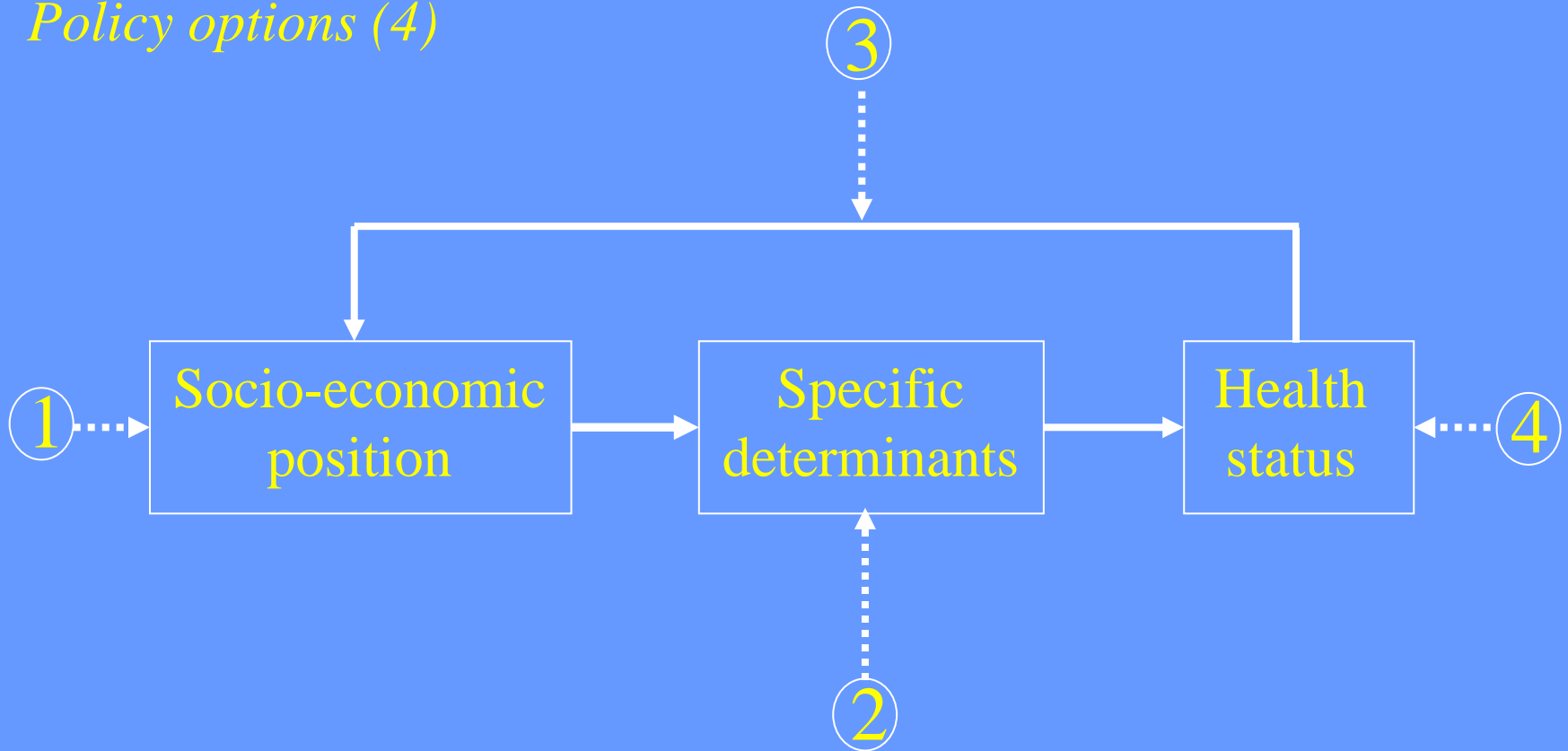
Policy options (3)



(3) diminishing the effect of health on socio-economic position

Example: reduction of absence from school among those who are frequently ill

Policy options (4)



(4) 'extra' health care for lower socio-economic groups

Example: extra general practitioners' care for the chronically ill

Lessons from Dutch research programme

- Limited number of interventions → no single country can contribute more than a fraction to evidence base
- Most intervention studies addressed relatively easily modifiable, specific risk factors
- No evaluation of upstream interventions
- Establishing health effects requires long time frame

Content (3)

- Inequalities in health in the Netherlands: evidence and policy
- Investments in research on inequalities in health in the Netherlands
- *Challenges for future research*

Challenges for future research (1)

- Priority to intervention / evaluation studies
- But, especially in relation to ethnic inequalities: also descriptive / explanatory studies needed

Challenges for future research (2)

- Priority to evaluation of upstream interventions: income policies, educational policies, neighbourhood renewal programmes, social security programmes, ...
- Example in the Netherlands: URBAN40

Does investing in the neighbourhood lead to improvements in the health of inhabitants?

URBAN40

Upstream policy
Research on health and
Behaviour
Across disadvantaged
Neighbourhoods (40) in the Netherlands



A longitudinal survey of AMC/UvA, UM and RIVM of the health of inhabitants of the deprived districts; financed by Netherlands Organisation for Health Research

Challenges for future research (3)

- Evaluation of upstream policies might profit from international comparisons
- Example: comparison of health status of ethnic minority populations in different countries (Agyemang et al. 2009)

Challenges for future research (4)

- Need for targeted downstream interventions, addressing specific risk factors, including health care:
 - Little progress because many evaluations of downstream interventions do not allow for analysing diversity issues
 - Institutional mechanisms might facilitate equity focus

Challenges for future research (5)

- Need for studies on policy implementation: generating political support, developing intersectoral health policies etc.
- Example: study on process of generating political support at local level in the Hague (Schmidt et al. AJPB 2009)
- Comparative studies might increase our insight into implementation processes

Conclusion (1)

- Tackling inequalities major public health issue, also in the Netherlands
- Evidence based health policy → strengthening evidence base
- Priorities:
 - upstream policies;
 - targeted downstream interventions;
 - implementation of policies.

Conclusion (2)

- Building this evidence might benefit from joint programming:
 - speed
 - more detailed insight through comparative analyses
 - institutional arrangements might facilitate equity focus in mainstream research