

SOLIDARITY IN HEALTH - REDUCING HEALTH INEQUALITIES IN THE EU: Possible contributions from Health Promoting hospitals and Health Services

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Despite increased prosperity and overall improvements in health in the EU, health differences between and within countries persist and in some cases are increasing. Difference in life expectancy at birth between Member States reach up to 8 years for women and 14 years for men. Infant mortality ranges from around 3 per 1000 live births to more than 10 per 1000.

Huge differences in health also exist between social groups across the EU and within Member States. People with a lower level of education, a lower occupational class or a lower level of income, tend to die at a younger age and to have a higher prevalence of most types of health problems. Many of these differences are due to avoidable factors such as negative impacts on health of social and economic conditions, quality of work, environment quality and quantity of social and health service provision, as well as health related behaviours such as smoking, drinking and diet.

A possible consequence of the current financial crisis is that this health gap will increase in the groups most hit by the recession such as the unemployed. Increased unemployment and uncertainty arising from the current economic crisis is further aggravating this situation. What is important is to create a pattern of overall economic and social development which leads to greater economic growth, as well as greater solidarity, cohesion and health.

In broad terms the level of health is associated with wealth. Richer countries and regions have on average better health as measured by various indices. But this relationship does not hold consistently. More economic resources provide greater potential for maintaining and improving health but only if deployed in a way which enables this to occur. It is clear that not all groups have benefited to the same extent from economic progress.

The Council has identified the need for additional action on the health needs of migrants, and Roma and young people with fewer opportunities. The Commission is starting a pilot project on Roma inclusion, including health and integrated interventions in the educational, social, and economic areas and cross border cooperation. The EU has a role to improve the coordination of policies and promote the sharing of best practices.

In Slovakia, we have long term experience with the problems of usage of certain rights, or rather their abuse on one side and their disrespect on the other side, side of the ethnical minority. This mainly concerns ignoring of hygienic standard, compulsory education, prevention, relations to the environment and work habits. Project which were aimed at the improvement of the situation mostly had only limited and short term effect.

Large disparities in health are also found between regions, rural and urban areas and neighbourhoods. Health inequalities are due to differences between population groups in a wide range of factors which affect health. These include: living conditions; health related behaviours; education, occupation and income; health care, disease prevention and health promotion services as well as public policies

influencing the quantity, quality and distribution of these factors. Health inequalities start at birth and persist into older age. Inequalities experienced in earlier life in access to education, employment and health care as well as those based on gender and race can have a critical bearing on the health status of people throughout their lives. The combination of poverty with other vulnerabilities such as childhood or old age, disability or minority background further increases health risks. The reasons behind these differences are complex and involve a wide range of actors from income, education, living and working conditions, health behaviors to access to healthcare. Demographic change and the ageing of our societies will create new health challenges. Very important for this reason is to ensure that the reduction of health inequalities is fully addressed in future initiatives on healthy ageing.

EU encourage Member States to use the options under the CAP rural development policy and market policy (school milk, food for most deprived persons, school fruit scheme) to support vulnerable groups and rural areas with high needs. Also encourage countries to use EU funds to improve health of the worst off and narrow health gaps between regions – such as primary care facilities, water and sanitation and housing renewal.

Health Promoting hospitals and Health Services have their activities focused across the whole of society (HPH –WG smoke free, alcohol free) and also targeted specifically to vulnerable groups (HPH -TF children, migrants, mentally ill).

Different policies should continue to support Member States to create more equitable access to high quality health care and prevention and promotion systems. The EU could play a role promoting better cooperation between health systems and in the application of patients' rights in cross-border healthcare.

In this respect, I need to add that, inequality also exists in respect to individual responsibility for health. In some countries, citizens are more used to responsibility of the state for general health, whereas in other countries individuals are used to bear own responsibility for their own health. Therefore, there are also differences in active approach to health care between countries of Western and Eastern Europe. HPH initiate the transfer of information from health promotion into society and therefore contribute to responsibility for health.

Addressing health inequalities effectively requires policies which include both actions to address the gradient in health across the whole of society as well as actions which are specifically targeted to vulnerable groups. Particular attention needs to be given to the needs of people in poverty, disadvantaged migrant and ethnic minority groups, people with disabilities, elderly people or children living in poverty. For some groups, the issue of health inequality including reduced access to adequate health care, can be qualified as one which involves their fundamental rights.

Health inequalities need to be tackled and this requires a cross sectoral policy approach at national, regional and local levels. Reducing health inequalities means having an impact on the health of people in their everyday lives, at work, at school, and at leisure in the community. In addition to national governments, regional authorities in many countries have an important role in public health and health services and thus need to be actively involved. The health sector has a leading role to play, both in ensuring equitable access to health care and in supporting knowledge and training both to health professionals and to other sectors.

This is where we can see a place for Health Promoting Hospitals and Health Services, which utilize the knowledge and potential of health professionals in influencing change of attitude of the general public to its health, life style, and impact on their neighbourhood. EU-wide data collection and monitoring is an economical way of improving the knowledge base for national policymaking and allows countries to learn from each other. HPH contribute to collection of data and its interpretation. Projects of HPH members are focused on several EU policies which affect health - either directly (e.g. health and safety at work, consumer protection, public health policies) or indirectly (e.g. economic, regional, equal opportunities policies). As a consequence, they facilitate strategies aimed at improvement of health output.

Tackling health inequalities is a long term process. What is important is to create a pattern of overall economic and social development which leads to greater economic growth, as well as greater solidarity, cohesion and health.

Health Promoting Hospitals and Health Services as international network:

- allow countries to learn from each other
- support local economy by preferring local products
- engage in lobbying and alliance- building for equity in health
- contribute to collection of health data and its interpretation
- utilize the knowledge and potential of health professionals
- give influence to change a attitude of the general public to its health, life style, and impact on their neighbourhood.

Closing health gaps means helping those regions and populations with less good health to make faster improvements in order catch up. This requires that more attention is given to the needs of less advantaged people - for example in the provision of health services, the design of health promotion and health protection activities, or improvements in living and working conditions.

HPH initiate the transfer of information from health promotion into society and therefore contribute to responsibility for health and helping to make faster improvements and reduce health inequalities. Therefore, HPH network has its firm position in the overall effort of the society in deminishing of health inequalities.