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Erasmus MC

# Health Equity 2020

## Briefing

HEALTH EQUITY 2020

European Commission

# 1 Introduction

This paper provides information about HEALTH EQUITY 2020 project. The project proposal has been submitted 27 May 2011 to EAHC. The project is recommended for funding and will be launched in July 2012.

# 2 Problem analysis including evidence base

Socioeconomic disadvantage is strongly associated with indicators of ill health in all EU MS with available data. These also translate into a health disadvantage of socioeconomically marginalised regions within the European Union (EU). Action is not only about safeguarding human rights, it also has a strong economic rationale. Worse health among those with lower socioeconomic status leads to labor productivity losses, increased demands for health care, & higher uptake of social security benefits. A recent European study estimated that health inequalities-related losses to labor productivity amount to €141 billion per year in the EU. If health is valued in its own right, health inequalities-related losses amount to a staggering €1 trillion per year (9.4% of GDP) (Mackenbach, Meerding & Kunst, 2007).

Structural Funds (SF) offer a window of opportunity to secure funding for or affect the impacts of large-scale actions. To be effective, action plans need to be evidence-based if available and include social innovations where evidence is limited. The project will not replicate existing evidence & it builds on knowledge & lessons from other EU projects that can inform entry points to action including (i) health & SF, [EUREGIO III, EU-ROMA] (ii) analysis of determinants of health inequalities using available data [Eurothine, i2sare, EURO-GBD-SE)] (iii) reviews of what works in reducing health inequalities [HOPE, Eurocadet, DETERMINE, GRADIENT, WHO European review] (iv) tools for health impact assessment [the current impact of Structural Funds on heath gains project, Prevent & DYNAMO-HIA].

Despite these resources, as yet, there is no clear method for drawing up evidence-based action plans. This requires at least: (1) a case-by-case needs assessment (2) availability of a general portfolio of actions known to be effective in addressing available entry-points (3) a case-by-case analysis of the potential impact of these actions on population health & on economic performance.

# 3 General objective of project

The general objective of HEALTH EQUITY 2020 is to assist Member States (MS) to develop evidence-based action plans on reducing health inequalities, which would also inform structural funds (SF) activities in the next programming period. This is achieved by using available knowledge & learning from the following domains: social determinants of health, health & Structural Funds; & social innovation to inform development of a toolkit (WP4) and capacity building support (WP7-8). The toolkit is initially tested in 2 regions: Pomurje (a micro-region in small MS) & Lodzskie (established region in large MS) & then shared/tested with 8 other EU10 regions recruited to take part in the action learning programme (WP7) & capacity building support (WP8).

The action contributes towards implementing the EC Communication on health inequalities COM(2009)567 which set out the intention to "review the possibilities to assist Member States to make better use of EU Cohesion policy and structural funds to support activities to address factors contributing to health inequalities." Overall, the project seeks to both explore potential action areas & make the case (including economic evidence) for investments to reduce inequalities through actions within & beyond the health sector.

The activity prioritizes those MS & regions where premature mortality exceeds 20 per cent of the EU average (defined by under 65 years standardized mortality rates). In effect, the EU10. But, some regions in the EU15 experience significant health inequalities & so they will also be a target group for dissemination through e.g. cooperation with the EC Joint Action on Health Inequalities (2011-2014).

Project findings will be used to inform (i) region-specific action plans (ii) negotiations for the 2014-2020 SF period including finalization & implementation of new Strategic Guidelines & priorities for thematic/regional operational programs in the EU10 (iii) mid-term review of EU10 national reform programs (2014).

# 4 Specific objectives and indicators

1. To develop and test a toolkit to support the process of evidence-based action planning in participating regions.
    - Process indicator - one toolkit containing a minimum of 4 tools and a portfolio of 15 policy actions supplemented by a practical knowledge database with 15 good practice case examples is developed & tested in pilot & participating regions.
2. To develop an accessible and interactive online website and database as a resource for use by participating regions.
    - Process indicator - Findings and learning of HEALTH EQUITY 2020 are disseminated through 1 website, 10 electronic newsletters, 10 micro (regional)action groups, 1 interim challenge workshop and a final conference with a total of 3000 participants and/or recipients and/or website users.
3. To build capacity & competency in participating MS/regions that respect their different starting points.
    - Process indicator - Four action learning workshops & follow-up action learning sets are delivered with increased knowledge & capacity of at least 80 local stakeholders in participating regions.
4. To support participating regions to develop & adopt action plans on health inequalities that also informs their use of Structural Funds in the next period.
    - Outcome indicator - A needs assessment-based and costed action plan to address factors contributing to health inequalities adopted by each of 10 participating regions (2 pilot plus 8 others).

5. To maximise information exchange and sharing of good practice between member states and regions.
    - Outcome indicator - A minimum of 10 presentations made at collaborating partner events for EU regions and other project target groups.
6. To ensure sustainability and longer-term benefits of the project.
    - Outcome indicator - A minimum of 3 participating regions undertake conceptual development of a project/systems-level initiative that addresses one or more priority actions; A minimum of 6 action plans integrated into regional development plans.

## 5 Target groups

Decision-making is neither linear nor always grounded in evidence, To achieve desired outcomes (see 3.7) the project uses a multiple streams model (Kingdon 1984) to identify & engage with four target groups:

PRIMARY: 10 participating regions & their key stakeholders at regional & national levels (governments, municipalities, Ministry of Health, development agencies, national development agency, SF operational programme managing authorities, health systems.

SECOND: other EU regions (Cyprus, Malta and EU15).

THIRD: European stakeholders (EC line directorates, EIB, CP).

FOURTH: Citizens. This last group is critical. A health equity orientated project should ensure that participating regions involve population groups & civil society organizations in regional/local action groups tasked with developing action plans.

With these groups translating a policy priority into meaningful actions needs (i) windows of opportunity that provide visibility and impetus for action (Ashford et al 2006) (WP2) and (ii) investment in capacity building (WP4-8). The project will establish financial support incentives to engage 1 participating region from each EU10 member state (WP7-8) while national decision makers from each EU10 will join a funded Advisory Group (WP2) to inform & assess project implementation & outputs.

Beyond this, the project will share its results & outputs via a new linked website, publications, meetings, conference presentations & publications and multipliers (e.g. AER, EUREGHA, EURADA, WHO RHN, LUDEN, EuroHealthNet, Equity in Health Institute, CoR).

## 6 Methods and means

Evidence on health inequalities & contributing factors combines with new knowledge & learning in improving the process & effectiveness of health-related investments using structural funds. From this, the project has been systematically structured in work packages that apply specific methods & means:

WP1 Coordination - The project management team provides project-level management during the project cycle. Project management will cover the starting phase of the project (definition & revision of work plan), as well as implementation & closure phases. Associate Partners will also apply the project management approach to their own WP. (Objectives 1-5)

WP2 Dissemination - This project mixes active & passive dissemination methods. Beyond a light touch & easy to use website & other methods, a key element will be supporting an Advisory Group with members from EU10 MoH/SF Managing Authorities and other key European organisations. This is critical, as HEALTH EQUITY 2020 is not just about informing new projects. Building on EUREGIO III, it is also about refining mechanisms & procedures related to SF in order to maximise health gains (Watson 2010) In addition, an interim challenge workshop & final conference will be part of this WP. (Objectives 3, 5, 6)

WP3 Evaluation - An integrated action research-based approach to evaluation takes account of internal processes & the external impacts of the project in participating regions. The dynamic element is an action research approach to evaluation. The rationale for this is that it is usually participants (from the project partners and participating regions) who have to turn the evaluation into change. The action research evaluation method uses an adapted model and three phases of the Snyder process. The 3 phases are: process evaluation, which seeks to understand the links between key elements; outcome evaluation, which uses this understanding to identify performance indicators; short cycle evaluation, which uses these indicators to set up feedback to monitor ongoing performance (Objectives 1-5)

WP4 Translational evidence & policy - Drawing up evidence-based action plans to reduce health inequalities requires the following: (1) a case-by-case needs assessment (2) availability of a general portfolio of actions known or expected to be effective in addressing entry-points (3) a case-by-case analysis of the potential impact of these actions on population health & economic performance (Objectives 1 & 4).

WP5-6 Pilot actions in a large EU10 region (Lodzskie, Poland) and a small EU10 micro-region (Pomurje, Slovenia). The WP4 toolkit is tested in 2 pilot regions and is then shared with the 8 regions taking part in WP7-8. We are mindful that regions have different starting points & will be at different stages in their own planning cycles (Objectives 1, 3 & 4)

WP7-8 Action learning workshop series & Capacity building support. Capacity building is an approach to the development of sustainable skills, organisational structures, resources & commitment to health gain (economic, social, personal, environmental) in health & other sectors. The specific methods used in these 2 WPs are: capacity building audits & re-audit, action learning workshops, individual auto-action learning, online workshops with relevant experts using Illuminate (Objectives 2, 3 & 4).

## 7 Expected outcomes

The following outcomes are linked to relevant objectives given in 4 above.

### Methods & tools objective 1

The methods/tools and general portfolio of policy actions provided by the toolkit (WP4) have been validated by participating regions and are sensitive to their differing starting points.

### Knowledge exchange objective 2

Collaboration with the Joint Action on Health Inequalities, other EU projects and participating regions has resulted in an evolving practical knowledge database with at least 15 good practice case examples informing local actions to address: access to health care, health-related behaviours, living and working conditions

Regional and local action groups in participating (micro) regions believe the knowledge generated by the project (WP4-8) is accessible, practical and informs local planning.

### Capacity and competency objective 3

Participating regions show competency & confidence in using social innovation to provide guidance for planning & implementing actions where current evidence is not available or limited

### Action planning objective 4

Regions participating in the project through WP5-7 will demonstrate an ability to prepare region-specific action plans (10 maximum) that are evidence based, show integration with wider regional development plans through clear relevance to one of more objectives of the plan/strategy and are financially sustainable.

### Maximise objective 5

Project learning is cascaded into other (micro) regions in participating MS to inform preparation for the next SF period through locally sensitive dissemination programmes.

### Sustainability objective 6

A minimum of 3 participating regions have strengthened adoption of their action plans through conceptual development of a project/systems-level initiative that addresses one or more priority actions

A minimum of 4 participating regions have conducted a review of existing regional policy/strategy as a result of taking part in the project

SF managing authorities, MoH & EC line directorates use project findings to review and improve the overall processes for the use of Structural Funds at regional & national levels in participating MS & at EU level in line with adopted Europe 2020 & Cohesion Policy priorities.

## 8 Contribution to the second Health Programme and annual work plan

HEALTH EQUITY 2020 addresses the fundamental principles of Together for Health and the goals of Solidarity in Health. The Strategy is clear that the potential for regional policy to help improve the population's health should be maximised. Under the "`Promote Health' strand the 2011 work plan (3.3.2011) priority areas for action related to reduction of health inequalities between EU regions are identified. This proposal directly addresses the first priority action " Identifying the causes of, addressing and reducing health inequalities and promoting investment in health in cooperation with other EU policies and funds" (Point 2.1.2 in Annex to the Health Programme).

The project builds on EUREGIO III and a portfolio of other relevant second health programme projects (e.g. i2sare, DETERMINE, Joint Action on Health Inequalities 2011-14, EU-ROMA, Eurothine, EURO-GBD-SE, HOPE, Eurocadet, GRADIENT, Prevent, LEPHIE and DYNAMO-HIA). In using evidence & learning, the window of opportunity provided by Structural Funds is critical. A key role of SF is to reduce regional economic and social disparities and – in line with Europe 2020 – to promote economic growth and employment. Activities addressed to influence economic and social conditions have relevant indirect influences on health. As such, HEALTH EQUITY 2020 supports the innovative approach of using Structural Funds for health gains and social innovation – and the emerging emphasis on achieving added value from EU investments as part of post-2013 Cohesion Policy.

By using SF to tackle the factors contributing to health inequalities the EU principle of "Health in all Policy" reaches a new dimension that will systematically be pursued by the project, with a specific focus on EU10 regions but also with wider EU relevance, particularly to EU15 Convergence Regions and candidate and potential candidate countries.

## 9 Strategic relevance and EU added value and innovation

The project contributes to reducing inequalities in health, by developing evidence-based & social innovation-informed action plans that can be applied systematically through structural funds/other sources. This has relevance to key policies & strategies: Solidarity in health (EC 2009); Council conclusions on health & equity in all policies (2010); what emerges from the EU Polish Presidency in 2011; the EC/WHO Joint Declaration (2010); current Cohesion Policy and discussions about post-2013 Cohesion Policy, Europe 2020, the EU Charter of Fundamental Rights & the new Territorial Agenda of the European Union 2020 (TA2020).

EU 2020 makes explicit reference to "promote social innovation for the most vulnerable, in particular by providing innovative education, training and employment opportunities for deprived communities". Building on this, it is important to explore the role of social innovation in tackling inequalities. Also, the principle of territorial targeting is a key issue. Geographic distribution of social disadvantages is not uniform throughout

the EU (European Parliament Social Inclusion Strategy for Roma report).

HEALTH EQUITY 2020 looks to inform the implementation of current & emerging EU policy priorities for the next SF period: the negotiation process, strategic guidelines, NSRF/OP priorities, mid-term review of national reform programmes (2014) & related health systems reform, prospective health systems engagement with MS-relevant EU2020 flagship initiatives. In this, the project expects to show how to practically overcome factors contributing to health inequalities that, in turn, help create bottlenecks to growth in lagging member states & regions.

Added value is achieved by integrating action plans developed by participating regions into regional development plans & national reform programmes: pathfinders for other EU10 regions & other EU regions. Through this, the EU principle of "Health in all Policy" reaches a new dimension systematically pursued by the project. In this, knowledge exchange & capacity building are informed by (i) the principles of added value & territorial coherence - post-2013 Cohesion Policy (ii) shaping use of SF through conditionality (connectivity, transformational change, affordability & sustainability) (iii) the differing needs & capacity of EU10 regions & MS. Finally, the project will initiate shared learning with other projects (e.g. EUREGIO III, i2sare, DETERMINE, Joint Action 2011-2014,EU-ROMA, Eurothine etc).

## 10 References

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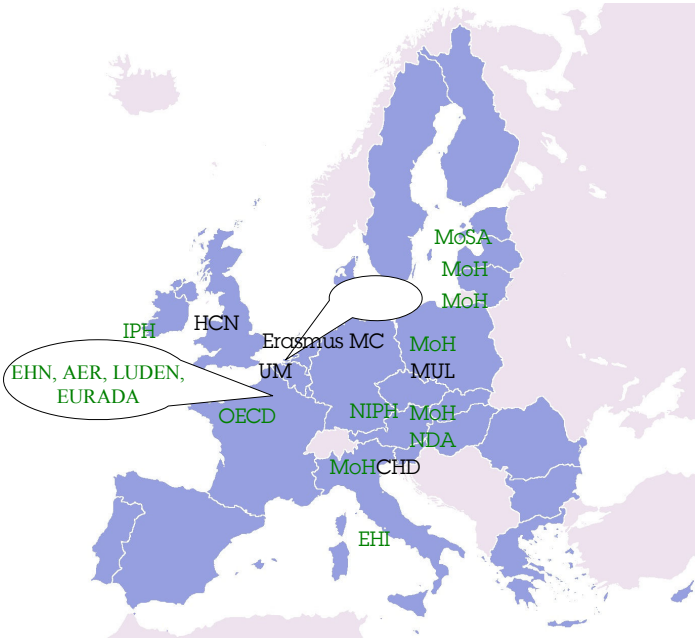


## Annex A: Advisory Group Members

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## Annex B: Project Partners

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