HEALTH PROMOTION AND DISEASE PREVENTION **A Handbook for Teachers, Researchers, Health Professionals and Decision Makers**	
Title	**Advisable Guidelines for Reducing Inequalities in Health**
Module: 1.2.1	**ECTS: 1.0**
Author(s), degrees, institution(s)	**Barbara Artnik,** DMD, PhD, Teaching Assistant University of Ljubljana, Faculty of Medicine, Chair of Public Health, Slovenia
Address for correspondence	**Barbara Artnik,** University of Ljubljana, Faculty of Medicine, Chair of Public Health Zaloška 4 SI-1000 Ljubljana, Slovenia Tel: +386 1 543 75 40 Fax: +386 1 543 75 41 E-mail: barbara.artnik@mf.uni-lj.si
Key words	Equity, socio-economic inequalities, health policy, policymaking
Learning objectives	The educational objectives of this module are: • to increase awareness among health professionals of the negative effects of persisting inequalities in health; • to assess the data currently available; • to collect additional data if necessary; • to anaylise, intrpret and present the data; • to formulate a policy response to the results.
Abstract	Socio-economic inequalities in health are a major challenge for health policy, not only because most of these inequalities can be considered unfair, but also because reducing the burden of health problems in disadvantaged groups offers a great potential for improving the average health status of the population as a whole. However, it seems that public health professionals are not enough aware of inequalities in health or they are not trained enough to handle them. It can be partially explained by the fact, that there is neither postgraduate education nor training in the field of socio-economic inequalities for public health personnel. This module consists of four workshops, one workshop for every learning objective (workshop 1 - Assessment process of the availability of data, Workshop 2 - Existing data resources, Workshop 3 - Methodological guidelines, Workshop 4 - Formulating a public health policy.

Teaching methods	For the purposes of this training programme four workshops should be executed (Four weekends of training course(on Friday afternoon and on Saturday) within four months. The whole programme is carried out as a discussion led by moderator. After every workshop specific learning objectives are to be determined for every participant and until the next workshop their professional tasks should be performed. Their achievements should be reported (within 10 minutes) and discussed with other participants at the next workshop. The formulated document should be submitted to policy-makers;
Specific recommendations for teachers	• work under teacher supervision/individual students' work proportion: 67%/33%; • facilities: a computer room for 20 participants; • equipment: computers (1 computer on 2-3 students), LCD projection equipment, internet connection, access to the bibliographic data-bases; • target audience: master degree students according to Bologna scheme; • special recommendation: iIt is recommended that participants (group of 15 to 20) are all familiar with statistical package SPSS for Windows.
Assessment of Students	Changes in attitude of participants will be examined with the attitude test. The questionnaires will be applied at the beginning of the first workshop and at the end of this training course.

ADVISABLE GUIDELINES FOR REDUCING INEQUALITIES IN HEALTH

Barbara Artnik

Rationale

There is a consistent evidence throughout the world that people at a socio-economical disadvantage suffer a heavier burden of illness and have higher mortality rates than better off counterparts (1,2,3). Socio-economic inequalities in health are a major challenge for health policy not only because most of these inequalities can be considered unfair (4), but also because reducing the burden of health problems in disadvantaged groups offers a great potential for improving the average health status of the population as a whole (5).

The international community and national governments are turning to the scientific community for advice on how to reduce inequalities in health. Governments are looking, in the worlds of WHO's strategy for Europe, for *»a scientific framework for decision makers«* and *»a science-based guide to better health development«* (6). As recommended by the WHO for European Region (6), policy-makers should develop a systematic strategy for monitoring socio-economic inequalities in health. Action should be taken on different levels. Inequalities should be reduced by the means of the state strategy, city and community policies, using intersectional co-operation. Extend of the health and social activities should be planned, co-ordinated and enlarged in a professional and a precise manner, with the special emphasis laid on children, invalids, pregnant women and elder persons. People as individuals should be aware and ensured better information on growth and development of children, life-style and health, endangerment at work, etc. Taking the measures stated hereabove is conditioned by structural and etiological familiarity with inequality between individual groups of population in a certain place and time. Research programmes for studying the condition and for reducing health inequalities have already been introduced by the Netherlands, Finland and New Zealand (7,8,9,10). These countries were recently joint by the UK Government with its programme (11). However, in other countries it was too little done to solve the problem of inequalities in health. It seems that public health professionals are not enough aware of inequalities in health or they are not trained enough to handle them. It can be partially explained by the fact, that there is neither postgraduate education nor training in the field of socio-economic inequalities for public health personnel.

Learning objectives

Domain of intellectual skills:

The first two educational objectives of this module are:

1. to increase awareness among health professionals of the negative effects of persisting inequalities in health within and among countries;
2. to sensitise the health professionals to develop the attitude that reducing inequalities in health is very important task of their work and that they represent the bridge to policy-makers in the sense of thought-transference and putting research achievements into practice.

Domain of intellectual, practical and also communication skills:

After this module the participants will be capable:

- to assess the data currently available;

- to collect additional data if necessary;
- to analyse, interpret and present the data;
- to formulate a policy response to the results.

Content

WHO: Health for all in the 21st century

The policy of the World Health Organization (12) is based on the fact that the world is one and indivisible. As stated in the 1998 World Health Declaration, the enjoyment of health is one of the fundamental rights of every human being. Health is a precondition for well-being and the quality of life. It is a benchmark for measuring progress towards the reduction of poverty, the promotion of social cohesion and the elimination of discrimination.

Health status differing significantly between the Member States of European Region (51countries) and within them is representing the major obstacle to development. The regional policy for *health for all* is a response to the World Health Declaration (12). To achieve *health for all* in the 21st century, the European Region of WHO has set 21 targets (6), which Member States are supposed to achieve between the years 2005 and 2020 (depending on individual target) by the means of the national policy and regional development's orientations. For equity in health, the first two targets are of the main importance. Equity in health is supposed to be attained by the means of solidarity at country level and in the European Region as a whole.

Target 1: Solidarity for health in the European Region

Poverty is the major cause of ill health and lack of social cohesion. One third of population of the eastern part of the European Region, 120 million people, live in extreme poverty. Health has suffered most where social systems have collapsed, and where natural resources have been poorly managed. This is clearly demonstrated by the wide health gap between the western and eastern parts of the Region. The differences in infant mortality rates are the most significant (from 3 to 43 per 1000 live births) as well as in life expectancy at birth (from 79 to 64 years). According to the plans of the WHO (6), the present gap in health status between Member States of the European Region should be reduced by at least 30 %. In order to reduce these inequities and to maintain the security and cohesion of the European Region, a much stronger collective effort needs to be made by international institutions, funding agencies and donor countries. Furthermore, external support should be much better integrated through joint inputs into government health development programmes that are given high priority and are firmly based on a national *health for all* policy in the receiving country.

Target 2: Equity in health

Second target of the WHO aims to ensure the differences between socio-economic groups to be decreased, since even in the richest countries in the European Region, the better off live several years longer and have fewer illnesses and disabilities than the poor. The health gap between socioeconomic groups within countries are supposed to be reduced by at least one fourth in all Member States, by substantially improving the level of health of disadvantaged groups of inhabitants.

Poverty is the biggest risk factor for health, and income-related differences in health – which stretch in a gradient across all levels of the social hierarchy – are a serious injustice and reflect some of the most powerful influences on health. Financial deprivation also leads

to prejudice and social exclusion, with increased level of violence and crime.

There are also great differences in health status between women and men in the European Region. Other health-risk factors, which are determining association with a certain socio-economic group, are educational level, nationality, etc.

Conclusion

The targets of WHO in the European Region (6) are clearly very ambitious, that may not be realistic everywhere. Nevertheless, it gives a clear focus to health policy and promotes the monitoring of quantitative changes over time in socio-economic inequalities in health, which is essential to assess the effects of health policy interventions. This will only work, however, if ways can be found of quantifying the "size" of socio-economic inequalities in health (13).

Teaching methods

For the purposes of this training programme four workshops will be executed, one workshop for every learning objective. The whole programme will be carried out as a discussion led by moderator. After every workshop specific learning objectives will be determined for every participant and until the next workshop their professional tasks should be performed. Their achievements will be reported (within 10 minutes) and discussed with other participants at the next workshop.

Workshop 1

Stimulating introduction by moderator: key words will be used as a target to sensitise the participants that the inequalities in health exist.

Discussion: The assessment process of the availability of data.

The task students have to achieve until the Workshop 2:

- to inventory the data that are already being collected and that can be used to measure the magnitude of socio-economic inequalities in health (from socio-economic registries, mortality registries, health interview surveys, etc.);
- to assess the informative value of these data;
- to make provisions for generating new data.

Workshop 2

Reports presented by every participant.

Discussion: Existing data sources.

The results of the first workshop will determine whether additional data need to be collected or just data from different registries or surveys should be linked.

The task they have to achieve until the Workshop 3 (if necessary):

- to add variables to existing data sources;
- to link data from different registries.

Workshop 3

The reports presented by every participant.

Methodological guidelines should be discussed and refined. It has to be decided:

- which morbidity and mortality indicators will be used and how the socio-economic status of subject will be measured and classified;
- are absolute or relative differences (or both) to be measured;

- should the analysis be limited to measuring the effect of lower socio-economic status on health of people of lower socio-economic status, or should it also aim at measuring the total impact these inequalities have on the health of the population;
- the choice of an adequate level of analysis and the application of multilevel analysis.

The task they have to achieve until the Workshop 4:
- to analyse socio-economic inequalities in health;
- to interpreted the results carefully;
- to prepare the results for clear and understandable presentation.

Workshop 4

The results have to be presented clearly and understandably (e.g. to use graphical displays) by every participant.

Discussion: Formulating a public health policy response to the results:
- to what extend has the state identified inequalities in health as an important health and social problem until now;
- what are the objectives for any interventions;
- who are the main groups with a concern for inequalities in health;
- what are their interests, priorities, and commitments;
- what is the context within which interventions need to be considered; etc.

The formulated document should assure that public health policy satisfies identified needs and finally it should be submitted to policy-makers.

Follow up workshops on health policy development

Every six months, follow-up workshops on health policy development should be performed.

Planning of implementation

In Table 1 the proposed agenda is presented.

Table 1. Proposed agenda for the training programme.

Workshop	**Agenda**
Workshop 1	Friday 15.00-16.00 Introduction 16.00-17.00 Discussion: The assessment process of the availability of data 17.00-17.30 Coffee break 17.30-19.00 Discussion (cont.) Saturday 9.00-10.30 Discussion (cont.) 10.30-11.00 Coffee break 11.00-13.00 Determination of the professional tasks

Workshop 2	Friday 15.00-17.00 Reports 17.00-17.30 Coffee break 17.30-19.30 Reports (cont.) Saturday 9.00-10.30 Discussion: Data sources 10.30-11.00 Coffee break 11.00-13.00 Discussion (cont.) 13.00-14.30 Lunch 14.30-16.00 Determination of the professional tasks
Workshop 3	Friday 15.00-17.00 Reports 17.00-17.30 Coffee break 17.30-19.30 Reports (cont.) Saturday 9.00-10.30 Discussion: Methodological guidelines 10.30-11.00 Coffee break 11.00-13.00 Discussion (cont.) 13.00-14.30 Lunch 14.30-16.30 Discussion (cont.) 16.30-17.00 Coffee break 17.00-19.00 Determination of the professional tasks
Workshop 4	Friday 15.00-17.00 Reports 17.00-17.30 Coffee break 17.30-19.30 Reports (cont.) Saturday 9.00-10.30 Health policy formation 10.30-11.00 Coffee break 11.00-13.00 Health policy formation (cont.) 13.00-14.30 Lunch 14.30-16.30 Health policy formation (cont.) 16.30-17.00 Coffee break 17.00-19.00 Health policy formation (cont.) 19.00-19.30 Conclusions

Assessment of participants

Changes in attitude of participants will be examined with the attitude test. The questionnaires will be applied at the beginning of the first workshop and at the end of this training course.

Module evaluation

Questionnaires will be distributed during the course to assess satisfaction of the participants with the programme. However, the most important evaluation of the module will be the final outcome – health policy formation.

References

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6. WHO Regional Office for Europe. Health 21: health for all in the 21st century. Copenhagen: WHO Regional Office for Europe, 1998: 224.
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12. 12.WHO. Health for all in the 21st century. Geneva: WHO (document WHA 51/5), 1998.
13. 13.Mackenbach JP, Kunst AE. Measuring the magnitude of socio-economic inequalities in health: An overview of available measures illustrated with two examples from Europe. Soc Sci Med 1997; 44 (6): 757-71.

Recommended readings:

1. Wilkinson RG. Unhealthy Society. New York: Routledge, 1997.
2. Leon D, Walt G, eds. Poverty, inequality and health. An international perspective. 1st ed. New York: Oxford University Press, 2001.