



EQUITY ACTION

REGIONS

Work Package 5: First Regional Meeting

14-15 November 2011, London UK

Meeting report

Please note: All presentations that were given during this meeting are available at www.health-inequalities.eu

Monday 14 November

Joint Session WP4 'Tools' and WP5 'Regions'

Chair: Ray Earwicker, Department of Health, England

PART I: WELCOME AND INTRODUCTION

During the first part of the Joint Session between WP4 and WP5, participants were welcomed by Alison Ismail – Deputy Director of the Health Inequalities and Partnership Division of the Department of Health. Clive Needle, Director of EuroHealthNet, followed by setting out the importance of the Equity Action and the need for concrete activities and outcomes that can be taken up by governments. By addressing the agendas of politicians, there will be major opportunities for the Equity Action to make a difference.

An overview of the current health inequalities situation in Europe was given by Dr. Jessica Allen, who is part of the Marmot team at University College London and who is involved in the WHO Review on health inequalities in Europe. Outcomes of this review will be published in September 2012. Dr Allen emphasized that universal action is needed, proportionate to the size of the problem. Many initiatives have already been developed and are ongoing, but the real hurdle now - and reason why the health inequalities agenda is not moving forward - is that the right political agendas are not in place. Often health inequalities are not a political priority as they are considered to be expensive and difficult to tackle. Dr. Allen highlighted the importance to show the relationship between health and wellbeing, and to measure the impact that policies have – especially outside the health sector - on health inequalities. The WHO Review will include cost benefit analyses that will show what the costs are of doing nothing versus the costs linked to actions to tackle health inequalities.

Finally Mark Gamsu, coordinator of the programme, gave a presentation on the Equity Action. He also emphasized the need of having access to the data showing the economic and social benefits of addressing health inequalities. Mr Gamsu hopes that the Equity Action will come up with concrete products and that it will result in a strong and unified programme in which all four work streams (regional work, stakeholder engagement, tools, and scientific knowledge) will work closely together.

PART II: OVERVIEW OF WORK AND JOINT OPPORTUNITIES

The second part of the Joint session started with a presentation by Stephen Gunter setting out the work of WP4, and a presentation by Caroline Costongs explaining what the organisation of and activities within WP5. During the discussion that followed participants raised the importance of making constant linkages between all four work strands. Additionally, the Equity Action should contribute to other health inequalities initiatives and avoid duplication of work. For example, what is the relationship with other ongoing Impact Assessment processes and how can we build upon these? Finally, the Equity Action should offer support and give opportunities to Member States to work together and share experiences. On the other hand, we should not forget that all countries operate within their own contexts, and it is thus crucial that the protocol of the Equity Action can be adapted to the agenda of each country.

After this discussion Yoline Kuipers launched and presented the new Health Inequalities Portal, which has been developed by EuroHealthNet as part of the Equity Action Programme. The Portal will be the main platform to disseminate outcomes and results of the Programme, but also to promote the work of all partners. The new website can be found at www.health-inequalities.eu.

ACTION POINTS

- Participants were asked to create links on their own websites to the new European Portal for action on Health Inequalities, in order to help promote the Equity Action and its outcomes. Banners can be sent upon request (for further information please contact Yoline Kuipers at y.kuipers@eurohealthnet.eu).

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Co-Chair: Caroline Costongs, deputy director EuroHealthNet

PART I: INTRODUCTION, EXPECTATIONS AND OUTCOMES SNAQ

Claudia Marinetti briefly presented the results of the Situation and Needs Assessment Questionnaire (SNAQ). From the outcomes of the SNAQ and the expectations participants shared, it became clear that regional partners hope that the Equity Action Programme will:

- Provide a platform to share and learn from one another's experiences and expertise;
- Come up with concrete examples and evidence on how health inequalities can effectively be addressed and how strategies should be implemented – it is time to act and to put things in practice;
- Produce useful outcomes that can be used as tools to convince other colleagues or sectors that it is worth to invest in tackling health inequalities;
- Show what effective (governance) processes between the national and regional levels are, and how regions can obtain more credibility and play a more powerful role.

ACTION POINTS

- Once the final submissions have been received, EuroHealthNet will put together and circulate a summary report of all the outcomes of the SNAQ.

PART II: CASE STUDY FRAMEWORK (I)

The draft Case Study Framework was introduced by EuroHealthNet and a group work exercise followed in which participants discussed the different pieces of the 'Menu of Options' and the questions linked to the area. Groups were formed based on the interest of participants to work on a certain area. At the end of the group work a person from each group reported back on the issues that were discussed. Below you can find an overview of the discussion points per Menu area:

Practice:

- More flexibility is desired around the time in which a project has ended. While it is favourable to include recent projects, to restrict the selection to those that ended after 2010 might be a bit too narrow. Indeed, some projects that finished before 2010 might still be relevant;
- Each case study should address the other areas of the 'Menu of Options' within the chapter that sets the scene.
- It would be interesting to ask people for their motivation to include a certain practice. Why do they think it is an example of a good initiative?

Policy:

- A question should be added to define the geographical scope of a policy and the size of the population targeted;
- The context and processes of how the policy was put together need to be explained;
- There is a need to show the relationships and processes of policy making between the national, regional and local level;
- It would be interesting to also look at the effectiveness of policies and how effectiveness is defined. For example, which indicators were used?

Governance:

- When describing the governance systems in place, not only the national, regional and local levels should be included but also community and neighbourhood level;
- There is a difference between short and long-term governance systems, this should be made clear within the questionnaire;
- Links to research and academic institutes should also be included;
- It should be added whether or not legislation or a political mandate has been put in place to support governance mechanisms or funding opportunities.

Evaluation:

- The focus should not only be on the regional level, evaluation processes should also be addressed at the national and sub-regional level;
- Transferability of evaluation approaches might be difficult due to cultural differences.
- An interesting example/concept of an evaluation system used in Canada ("Realistic Evaluation") was given by the representative of Brussels Capital. Possibly this could be integrated within the Case Study work.

Stakeholders:

- Stakeholders cannot really be seen as one area of the 'Menu of Options', because in fact this item is part of all the other areas. It was therefore suggested that the Case Study work should include all the menu items, in order to carry out a more coherent piece of work;
- It would be good to focus, during the mapping of the stakeholders, on the areas of work they operate in, or the areas they can influence (e.g. media)

None of the participants at the first regional meeting choose to focus on and discuss the area "Tools". However, as other regions – not present at the meeting - had already indicated they would like to work on this issue, it was decided to keep this piece of the 'Menu of Options' anyway.

Tuesday 15 November

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Co-Chair: Caroline Costongs, deputy director EuroHealthNet

PART I: CASE STUDY FRAMEWORK (II)

Based on the discussions during the previous day it was decided that the Case Study work should include an initial overall description of all the areas of the 'Menu op Options'. The subcontracted regions would then pick one or more of the areas for further study and an in depth analysis.

Comments that were made during the discussion that followed, and that gave additional suggestions concerning the focus of the Case Study work, were:

- Some community based projects that address the social determinants of health seem to work well, while others are less successful. It is challenging, but very important, to find out what are the reasons why some work while others don't.
- Once successful projects have been identified, an analysis of how these projects can be replicated or scaled up has to be included in the case study report;
- The final case study report should include information on how the regions can be better supported by the national level governments in their actions to address health inequalities;
- It would be useful to come up with a concrete set of recommendations on how to set up a successful initiative (either a practice or a policy) to tackle health inequalities;
- If the evidence is there, it is important to highlight the cost-benefits of investing in certain approaches and the long-term benefits;

ACTION POINTS

- ➔ EuroHealthNet will update the guidelines document on the Case Study work, based on the discussions that took place, and will forward this to all subcontracted regions.
- ➔ EuroHealthNet will, before the end of the year, forward the date of the second regional meeting - which will take place in March 2012 - to all subcontracted regions.

PART II: STRUCTURAL FUNDS REVIEW

A short introduction into the Structural Funds was provided by Yoline, and a more detailed presentation was given by Ourania Georgoutsakou of the Assembly of European Regions. Both presentations mainly focused on the new funding programme 2014-2020, and how health (inequality) has been incorporated within the priorities set by the European Commission.

The Multi-Annual Financial Framework was published by the European Commission in June this year, and it is currently being reviewed by the European Parliament and Council of Europe. Before the end of the year, the Commission is expected to also publish its Community Strategic Guidelines on Cohesion, which will set out the principles and priority areas of the next Cohesion period. Based on these guidelines by the Commission, Member States will draft their National Strategic Reference Frameworks, which sets out the approach for the future spending in their regions. Once these frameworks have been approved by the Commission, the priorities will be set for the next 7 years and these will not be changed anymore. At present, regions can still influence the process by getting in contact with the National authorities within their State who are responsible for drafting the National Strategic Reference Frameworks.

During the discussion that followed it became clear that, while a few participants have good knowledge on Structural Funds, most of the subcontracted regions are not extremely familiar with them.

Nevertheless, all showed to be very willing to learn more about the processes involved. The Structural Funds review work, which will kick off after the second regional meeting in March, will be a shared responsibility between the subcontracted region and the national partner. There will thus be a division of tasks between the national partner and the region. EuroHealthNet will provide further background information and guideline documents to support the countries in carrying out the review.

Other points made by participants included:

- It would be interesting to investigate the internal evaluation processes of the impact of projects funded by the SF, and to analyse if health inequalities are being included or not.
- As health (inequality) is not included in the priorities set up by the Commission, it is of even greater importance to approach the issue from different perspectives. This means working together with other sectors. It would be very useful to have a glossary or guidelines document on how different sectors should be approached.

In response to this, it is indeed possible that, within other Equity Action WPs, such factsheets could be developed to make a case for health equity (e.g. what 'language' (jargon) should be used per sector; what are the health arguments to convince them). Again, the economic argument seems to be a very important mechanism to get the interest of others.

ACTION POINTS

- EuroHealthNet will try to get hold of concrete examples of projects funded by the Structural Funds that address health inequalities. Preferably these will be linked to the 11 priority areas set out by the Commission for the next funding period.
- EuroHealthNet will try to put together a list of the National Authorities in the countries involved in this Equity Action, and will develop a table that shows how much of the Structural Funds is spent on what in each country.

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Short presentations were given by both Work Package 4 and 5 to summarize what was discussed during the meetings. Again, at the end of both overviews it became clear that strong linkages should be made between all work strands within the Equity Action, so that the work will build upon one another's efforts and duplication will be avoided.

Next year it will be important for the Equity Action to further expand its network and to start involving other organisations and stakeholders. We need to engage various relevant sectors, and gain political support in order to further acquire credibility and visibility.

ACTION POINTS

- People involved in the Equity Action are encouraged to join the 'Equity Channel', which is an online platform where people can start discussions on health inequalities, exchange ideas, raise questions or promote their work. The Equity Channel can be found at www.equitychannel.net.