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HEALTH EQUITY 2020

POLICY MATRIX

A small guide of possibilities for funding health equity under the European Structural and Investment Funds

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Foreword

The “Health Equity 2020” project develops a collection of papers aiming to provide individuals, organizations and communities practical support in developing regional action plans. The current paper entitled “Policy Matrix” is one of the papers in this series. Other materials can be accessed from the project webpage www.healthequity2020.eu .

Participants

Bulgaria	Stara Zagora Region	Стара Загора
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Introduction

Health equity comes as a direct effect of wealth, distribution of resources across societies, access to information or holding capacities for action. Inequalities appear due to imbalances in the political, social, and economic policies and it is the role of Europe and its member states to foster economic development while sustaining cohesion.

Health equity is an issue of growing importance on the political agenda. The EU Charter (Charter of the Fundamental Rights of the European Union, 2012) and the EU Treaty (Treaty on European Union TEU, Consolidated Version, 2012) established the right of access to core health services for everyone, especially vulnerable and marginalized groups of people with an equitable distribution of health services based on their needs.

In 2010, the European Commission proposed Europe 2020 as the new path for development for the coming decade at EU level, setting up clear objectives to be reached towards a smarter, more sustainable and more inclusive growth. Health is an integral element to these objectives while the idea of equity is even more interlinked with policies of social inclusion, employment, or combating poverty. Through the EU principle of “Health in all Policy” there is a clear acknowledgement of the need to tackle the effects policies have on health equity. At the same time one should also take into account how policies that integrate health in their framework can lead to better policy results, more development, and cohesion.

European Structural and Investment Funds opportunities (ESIF) can be very much connected to health inequalities. Many actions on determinants of health: socio-economic vulnerability, social inclusion, better education, better public administration, safer environment can be funded through ESIF. One of the conclusions of previous evaluations on the usage of European funding is that health equity can be “easily” integrated within other policy priorities (European Commission, Economic Policy Committee AWG, 2010). But despite this, there are many difficulties to overcome, as although a crucial component, health was not highlighted as an independent investment priority.

The HEALTHEQUITY-2020 project comes to assist Member States and their regions to develop action on reducing health inequalities while at the same time explore the ESIF opportunities available. In order to help achieve this goal, this paper will propose a policy matrix for health equity. It tries to fit health within the European strategic frameworks and bridge them with the idea of health equity. Ideally, the policy matrix can help to put health equity on the discussion table and influence the drafting of operational plans or ensure health is included within different project proposals.

This paper is based on the provisions of the Common Strategic Framework published on 4 March 2012, the new ESIF Regulations published on 20 December 2013, and the “Investments in Health Policy Guide for the European Structural and Investment Funds (ESIF) 2014-2020" (European Commission, 2014). It should be

regarded as a consultation document and an umbrella framework. It identifies intervention pathways to address health inequalities based on the European policies and political context, leaving room for many small or large sized measures.

The process of accessing European funding is highly complex. Choosing among lines of policies for interventions to reduce health inequality will also depend on many other factors such as the regional or country specific prioritization, national reform programs or the budget availability. The policy options provided by the policy matrix should therefore be combined with the concrete needs, policies and the regulatory context in the region.

The EU, vulnerability and inequalities

Health inequalities are defined unjust differences in health status between different population groups (WHO, 2014). Addressing health inequalities under the European framework can start by identifying the general strategy of inequality reduction.

In the context of the EU2020 strategy, this has been covered under the concept of inclusive growth. It implies a focus on economic growth that benefits all the individuals within the society including the disadvantaged, vulnerable and excluded population. The policy spectrum includes a broad set of interventions targeted at the labor market, education, social inclusion and poverty reduction with the aim to build economic and social cohesion. Making policies more inclusive can have an impact on reducing health inequalities between the socioeconomic groups of the society. But who are the key vulnerable groups towards which action can be built and supported by European funding?

The poor or low income groups is perhaps the most significant, closely associated with vulnerability and social exclusion. Poverty is one of the deep-seated inequalities, limiting people's access to most fundamental rights. It became a top priority at the EU level and pivotal for the Europe 2020 strategy, which sets a poverty reduction target of 20 million people to be achieved by 2020. For health equity that means the possibility to focus interventions on the most disadvantaged people, communities and segregated neighborhoods. Health status and economic deprivation can be strongly linked: poor health reduces the individual`s ability to work and participate in the society while the inability to access basic services leads to a long term detachment from the labor market and few opportunities to exit the poverty cycle.

Another vulnerable group is represented by migrants and ethnic minorities, who are more vulnerable to social exclusion. One of the most disadvantaged is the Roma community, which is also Europe’s largest ethnic minority. Policies are encouraged in the next European investment period to ensure equal opportunities in life by addressing the specific needs (economic, social, health, cultural) of ethnic groups and improve their participation in the society. This has positive implications

for addressing health inequalities since ethnic minorities have a higher prevalence to ill health than the rest of the population. Individuals with mental and psychosocial disabilities face similar vulnerabilities as they are subject to stigma and discrimination, are not able to access essential services like health and social care, and are generally unable to fully participate in their societies.

Age groups can also be included within the EU concerns with vulnerability. A 45 per cent increase in the elder population is expected over the next 20 years, which means a very slow population growth that challenges most policy areas. The goal for European societies is to provide innovative responses to this demographic change: adapt economic systems to the needs of the elderly population and use technology to break barriers in their daily life.

There is also the concept of healthy aging: enabling individuals to be healthy and active throughout all stages of life (WHO, 2015) (WHO Regional Office for Europe, 2015) (WHO Regional Office for Europe, 2012). For this reason, childcare can be considered another key policy area within the new investment period. Conditions in early childhood like a low family socioeconomic position, limited access to education or basic health services have strong influence on the vulnerability accumulated throughout life. The chances for inequities to persist or amplify across several generations are also high. Which is why it is important to address the social and economic inequalities between generations: giving every child the best start in life will maximize the control of young people and adults over their health status and life. From this perspective health equity can be an investment of high return (Eurofound, 2015).

Addressing health inequalities within the thematic priorities

The concrete directions of investment for the 2014 to 2020 financial planning period have been structured in a common set of 11 Thematic Objectives (TO). They take the Europe 2020 Strategy goals and targets and set up workable actions to increase the coordination and synergies between funds. Member States select these key main topics to focus on in agreement with the EU Commission (the Partnership Contract) rather than spread funding over all areas of possible investment. Based on this operational programmes are further designed by the national and regional authorities.

Figure 1: Understanding the Policy Process: From the EU2020 priorities to Operational Programmes

The Investments in Health Policy Guide (European Commission, 2014) has taken a step further in matching these thematic objectives with provisions in EU health policy (Commission Communications, Action Plans, Reports, White papers, strategies, and recommendations) and select goals and interventions eligible for the ESIF funding. How does health equity fit in this working framework?

Actions for health equity have been explicitly included within the structure of the Thematic Objectives, most specifically within the 9th TO that deals with social inclusion and combating poverty. Investments for health equity under this thematic objective are necessary for achieving inclusive growth and meet the poverty and inclusion targets set by the Europe 2020 Strategy. There are other TO 2, 8, 10, 11 which support interventions in different fields like access to information, employment, education or capacity building which act as catalyzers for wellbeing and good health. There are also TO like 4,5,6,7 that have not been marked as relevant or TO 1,3 whose implications are tangent but not highly enough for health equity. Departing from this structure, this paper aims to present the lines of possible investment for healthy equity under the ESIF thematic goals.

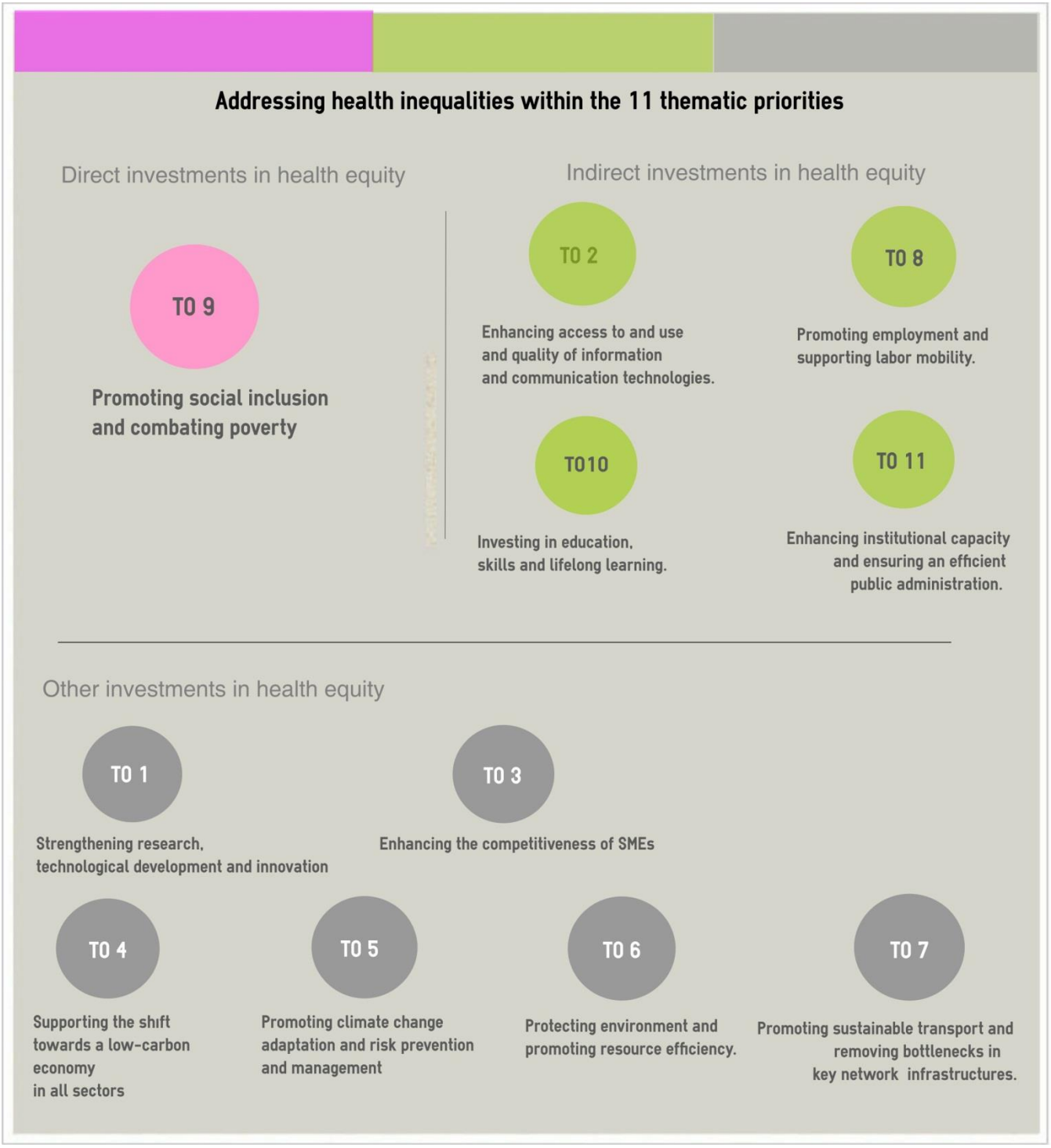

Figure 2: The Policy Matrix framework

Direct investments in health equity

Poverty, social exclusion and discrimination are key factors in explaining poor levels of health. This is why addressing health inequalities is important for the TO 9 “Promoting Social inclusion and combating poverty”. Based on the recommendations made by the Commission through the Communication: Solidarity in Health: Reducing Health Inequalities (2009) and the Report on health inequalities in the European Union SWD (2013) and in line with the objectives of ESIF, action for health equity can be steered towards:

Addressing risk factors particularly prevalent in disadvantaged groups. People facing different kinds of deprivation are exposed to higher risk conditions than the others. For example, tobacco consumption, alcohol, obesity are life-style choices that have been proved to follow a socio-economic gradient: people in the lower strata are regular smokers, eat less vegetables and fruit and exercise less. This leads to a higher prevalence to disease which combined with the unavailability of services for treatment contribute to a low health status. In order to reduce the health gap between individuals a first step can be made towards sustained actions in reducing exposure to harm.

Support better living conditions. The impact of the socioeconomic gradient can be observed at the level of living conditions where people in deprived areas have a higher exposure to risk. The Roma population is one of the example: they live in improvised camps, outside the city, with little connection to basic services or proper means to store or prepare food. It is important therefore to provide access to acceptable standards of housing; access to water and sanitation which meet EU standards; proper insulation or heating that allow an appropriate indoor temperature.

Access to good healthcare and information in regions where basic services are missing or not developed. The environment can be defined through living conditions it provides but at the same time it can act as a determinant of health through the perspective of geographical location. For example, people in remote or rural areas can face impediments in accessing care services either because the infrastructure does not exist or they face impediments to reach the care facilities. One alternative is to provide physical access to health services and improve the organization of care (the availability of workforce, opening hours, medical staff shifts, management of waiting list). Ensuring territorial access can also be done via mobile clinics or by empowering patients to manage their own health through technology related measures (e-health, telemedicine, consumer health applications).

People in deprived areas or the ethnic minorities receive less preventive care, are under investigated and undertreated. Most of the times they are the ones who need the care services the most. Therefore when talking about access to healthcare, it is important to address the needs of vulnerable groups and the socio-economic factors that hinder their contact with care. Actions for heath equity can be directed

towards: improving access to health promotion services and prevention of disease, affordable insurance coverage, integrated person-centered health services, providing access to affordable pharmaceuticals and medicinal products, vaccination, early detection, screening and treatment. Primary care can also be strengthen while special attention should be given to maternal and infant healthcare as a key investment in a person`s start in life.

Actions that support the collection of data on health inequalities (indicators by age, sex, socio-economic status) are also encouraged as they help identify special attention groups and enable a personalized health management. Gathering information about equity, establishing a public reporting system is also important when assessing the performance of health systems, its cost-effectiveness and sustainability.

However, sometimes the solution is not to provide for the patients but rather providing them with the correct information and tools to manage their disease or improve their own health. Facilitating access to information and building health literacy is one way of achieving it. They contribute to the empowerment of European citizens and manage to break possible barriers created by social distance, economic status, cultural values and attitudes.

Other times, the answer can be empowering communities. The relationship between social and community capital and health has grown stronger and stronger (The Marmot Review, 2010). Shifting the focus from a hospital-centered to a community-based model comes to support this idea. It implies a more connected organization of health and a closer coordination with other sectors. For example, mental rehabilitation can be de-institutionalized and remodeled in community mental health services where people with disabilities are integrated in the society using local resources and support networks.

Indirect investments in health equity

Although health equity has been directly connected to the thematic goal of social inclusion and combating poverty, the other thematic priorities offer funding opportunities too.

(TO2) Enhancing access to and, use and quality of information and communication technologies.

Under this TO, interventions to be financed in the area of health should contribute towards EU policy goals in innovation and digital growth. This can include the development and set up of new ICT based solutions and services (e-health, telemedicine, telecare or healthcare mobile applications) that can enable individuals to actively participate in the management and monitoring of their health. These can constitute pathways for interventions to reduce health inequalities. For example, e-health can improve people`s access to information and data, it builds health literacy and helps to achieve patient empowerment in the case of vulnerable groups.

Moreover, it can be very effective in improving the communication between patients and healthcare professionals as sometimes there can be a social distance between the two. Developing innovative and digital platforms encourages access to information for the service providers too, especially for the health services and social workers. Investments are available for supporting an electronic health care information system, an electronic prescription system or setting up patient electronic medical records.

(TO8) Promoting employment and supporting labor mobility.

The nature of work is changing rapidly in our modern societies, even more if analyzing the priorities and targets set by the EU in terms of growth, employment and productivity. Sometimes work is often producing harms on health, like night shifts, precarious work and stress or due to various professional related health hazards.

The implications of this investment area on health are linked to EU policy goals to support job creation and promoting better working conditions. This TO calls for: promoting active and healthy ageing, encouraging the view on health as a human capital and supporting healthy workforce. All these are relevant for the health equity discussion.

In support for active and healthy ageing principle, interventions are required to enable individuals to remain healthier at work and for longer period of time. The aging population is rising by approximately two million every year (European Commission, 2010) while the number of working population is decreasing and no longer able to sustain successfully an inclusive growth. This means the work environment needs to be adapted to this demographic change by: promoting age-friendly settings where the experience of the aging workforce can be used, strengthening prevention, screening and early diagnosis; supporting measures for active ageing and independent living.

This proves that health is an important factor for human capital: it impacts labor supply and labor productivity (e.g. individuals are more effective if they are physical and mentally fit). The cost of illness creates an economic burden: work absenteeism due to health reasons costs a year approximately 2.5 % of GDP, 10% of employed people leave their job due to health reasons, many people retire prematurely while 23.5 % of employed people suffer from a chronic condition, being unable to perform their activities fully (European Commission, 2013). Consequently, implementing a life-long approach to health will promote employment and support the labor market. This can be achieved by: increasing awareness on health determinants, addressing vulnerable groups (the poor, children and young people), investing in primary and secondary prevention, promoting healthy life-styles (ensure physical activity possibilities, reduce the consumption of tobacco and alcohol), engage the community, schools, media to promote healthy lifestyles and prevent chronic diseases.

Work related risk factors should be addressed as a line of intervention for a healthy lifestyle. ESIF encourage tackling health determinants (air quality, exposure

to pollution, carcinogenic or toxic substances), promoting a healthy work environment and even recruiting people with impairments or mental disabilities to ease their inclusion in the society.

Promoting employment and supporting labor mobility can have an impact on reducing health inequalities. For example blue-collar workers develop a higher health risk in comparison with white-collar workers. Stressful working conditions have a higher impact on repetitive work, assembly-line type of work, or shift type of work, jobs that required higher responsibility to others (nurses, teachers, technicians, bus or truck drivers, locomotive engineers). Consequently, certain professional groups may have increased exposure to risk factors, which is why health promotion at workplaces could be a good choice to fight inequalities. Among the benefits one should mention being able to address a large proportion of the population, the ability to design multi-level interventions, increasing the interest and ability of individuals to manage their health.

Lastly, one should mention the implications for the health work force, especially if taking into account the changes with the healthcare services supported by TO9. This also means “new competencies and roles for health professionals programs with consequent implications for medical and nurse training programs to incorporate information and communication skills to ensure more patient involvement” (European Commission, 2013). Moreover, as part of the transition from hospital-based to more community-based care there is the need to strengthen primary care specialists and general practitioners. Support is needed to attract health professionals in rural and remote areas in order to improve general access of the population to healthcare. At the same time there are also measures to attract knowledge and skills locally through life-long learning initiatives, professional development of existing health staff and by increasing the role of nurses or social care takers in the community.

(TO10) Investing in education, skills and lifelong learning.

The European Social Fund supports this thematic objective proposing investments in: education, training, life-long learning with the aim of upgrading the skills and competences of the workforce. For health, the main lines of investment relate to the healthcare professionals. Adding to the aims of TO8 just mentioned, additional support should be given to prepare healthcare workers in matters of: patient safety, life-style behaviors (alcohol, tobacco consumption, nutrition and physical activity), chronic diseases, aging and elderly care, chronic diseases.

Having specialized health workforce has a good impact on managing inequalities in health. Moreover, encouraging education at the level of the whole population can act as a power factor by itself. Education attainment shapes other socio-economic factors such as occupation, earning potential, social environment; it affects behavior and lifestyle choices. People who are educated accumulate advantages over time while the less educated accumulate disadvantages which will cascade negatively on health and lead to health inequalities within the society. Investing in education is a key area for change as it can provide knowledge to make

correct choices with regards to health but also the chance to afford a healthy life-style. Education increases employability, enhances performance, it helps individuals overcome poverty, builds solidarity and social cohesion which is why it is a priority at the EU level.

(TO11) Enhancing institutional capacity and ensuring an efficient public administration.
"Health inequities exist because the wrong policies are in place" (Chan, 2011). Therefore when designing action for health equity, strengthening institutional capacity and the efficiency of public administrations are needed in pursuance of reform, better policy and good governance. Many of the recommendations under TO9 with regards to access to healthcare, shifting the focus from a hospital-centered to a community-based or increasing the cost-efficiency of healthcare require new health systems capacities but also the modernization of social services. In the field of cross border health, actions are also needed to encourage cooperation, a shared use of resources and expertise.

Other investments in health equity

(TO1) Strengthening research, technological development and innovation
This thematic objective aims to strengthen research and innovation, making a step further towards finding new solutions for chronic diseases or finding tailored solutions for the elderly. It also supports investment towards developing IT infrastructures or supporting health information systems. Although the implications for health equity are not direct, by supporting research it will be possible in the near future to provide more equitable and good quality health care with the help of new technology and clinical practice.

(TO3) Enhancing the competitiveness of SMEs
Apart from safeguarding human rights, the health system plays an important role within the economic sector. ESIF support for interventions under this TO aims to: increase the competitiveness of SMEs in health services, promote awareness on business opportunities and encourage private-public partnerships. Implications for health equity are relevant in the field of active and healthy ageing where many regions do not have yet a system specifically designed to address the needs of the aging population. In order to enable their access to services and prevent them from being socially excluded, SMEs business can help in: providing personalized care for the elderly, assisting in functional physical or cognitive decline, improving health literacy.

(TO4) Supporting the shift towards a low-carbon economy in all sectors

The relationship between this thematic objective and health gains might not be relevant for the health equity discussion. However, due to the health in all policies concept one can identify some implications. For example, this priority aims to provide greener and more affordable energy options. While many low-income communities rely on poor heating sources (coal or wood) it will be important to improve energy efficiency in the housing sector, ensuring at the same time proper living conditions, especially for the vulnerable ones who cannot afford it.

(TO5) Promoting climate change adaptation and risk prevention and management

Affected by climate change, many European regions face extreme weather conditions, unusual flooding or drought. This threatens: food security and its affordability, safe living conditions, water quality and exposure to disease with implications especially on the disadvantaged groups or people residing in vulnerable areas. This means that although actions under this thematic objective might not target health inequality per se, the health impacts of climate change should be taken into account in order to protect human health and the ones who are most vulnerable.

(TO6) Protecting environment and promoting resource efficiency.

The Europe 2020 strategy is also about delivering growth that is sustainable and therefore many actions have been designed in this financial framework to tackle environmental factors. There are implications for health gains too. For example rapid urbanization in some regions led to crowded city living environments, exposure to air pollutants or synthetic chemicals in the work and living environment, drinking water hardness, noise exposure. All these can determine or increase the population predisposition to develop health conditions. Addressing the health risks in the immediate environment, of working sites or industrial areas is a relevant issue to take into account when discussing the implications of this thematic priority.

(TO7) Promoting sustainable transport and removing bottlenecks in key network infrastructures.

Although highlighted as not relevant in the Investments in Health Policy Guide, ESIF spending for transport can bring important public health improvements. From one perspective transport shapes communities, enabling people to access basic services and participate in the society. Interventions at the level of the infrastructure encourage regional mobility especially for people who live in rural or remote areas. Safety enhancements in transport networks, developing bicycle infrastructure protecting air quality and reducing noise can constitute other examples.

Observations

This paper aimed to provide policy choices to be used by individuals, communities, stakeholders and governments to address health inequalities under the umbrella created by the Europe 2020 strategy and the ESIF framework. But when analyzing the lines of intervention there are a series of observations to be drawn.

One of them regards the real impact of these policies on reducing health inequalities. The 11 thematic objectives provide the space for developing action for health and equity but their effectiveness in bridging the health gap should be further analyzed.

Although it is not always the case, it happens many times that the ones who benefit less from a policy are the most disadvantaged groups, even though they are the major target of that intervention. Health promotion programs are a good example since if implemented alone they can steepen the inequalities within the society. Therefore, it is important for the success of health interventions to be designed in a way so as to reach the ones in need and not make inequities worse. Combining population-based policies (with the same intervention for all groups) and approaches focused on high-at-risk groups, universal with selective actions can be an alternative.

Secondly, when analyzing the thematic objectives most lines of interventions for health equity are connected to social inclusion and combating poverty. However, as a response to the economic crisis, many countries chose to reduce their public expenditure for social policies making it difficult for local actors to promote social inclusion actively at higher levels and secure national contributions for ESIF applications. Furthermore, the EU budget allocation for social inclusion is considerably smaller than for the other priority areas, putting under question how much funding is available for sustaining actions for health equity.

Moreover, the structure of European funding on thematic objectives follows a targeted approach with the aim to set a path to more catalyzed growth. And while focused interventions are useful, there is a clear need for a more integrated approach. When choosing between policies to direct investments, there is a certain tension between a focus on research or social policies. In the case of health for example, decision makers often need to choose between addressing problems caused by improper infrastructure or outdated technologies, investing in new products versus health prevention interventions.

When addressing health inequalities within the ESIF framework, it is important therefore to establish policy synergies, links with other thematic area objectives or use the Health in all Policies principle. In conclusion, there is a need for a more strategic and comprehensive policy to tackle health inequalities which would lead in practice to effective interventions and effective use of resources.

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