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FACTSHEETS

Health equity from the start - and the role of social welfare

What is health equity?

Health inequalities are commonly understood as "the systematic and avoidable differences in health outcomes between social groups such that poorer and/ or more disadvantaged people are more likely to have illnesses and disabilities and shorter lives than those who are more affluent"[1].

Health inequalities are observed in all European countries and they are substantial[2]. For example, the difference in life expectancy between high and low socio-economic groups amounts to several years. In other words, many people who are dying prematurely each year as a result of health inequalities would otherwise have enjoyed a longer life.

Health inequalities that could be avoided by reasonable means are in general perceived as **unnecessary, avoidable, unfair** and **unjust**. Society must therefore invest to promote **health equity**.

How do we achieve health equity?

To a large part, health results from **social determinants**. These are the conditions in which people are born, grow, live, work and age. They include social and community networks, living and working conditions, and the health system. These conditions are shaped by the distribution of money, power and resources at global, national and local levels, which are themselves influenced by policy choices.

Obviously, the health system alone cannot promote health equity. Action is needed across different sectors at different levels. Health ministries have a vital role to play both in ensuring the contribution of the health system, and in advocating for health equity in the development plans, policies and actions of players in other sectors.

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Why health equity from the start?

The **early years are a key determinant of health**. Giving every child the best start in life is crucial to reducing health inequalities across the life course, and other social and economic inequalities throughout life. The foundations for virtually every aspect of human development – physical, intellectual and emotional – are laid in early childhood.

What happens during these early years has lifelong effects on many aspects of health and well-being – from obesity, heart disease and mental health, to educational achievement and economic status[3].

In order to promote health equity from the start, the EC **Joint Action on Health Inequalities** project aims to initiate and strengthen cooperation of stakeholders from sectors such as health, education, social welfare and the built environment.

This paper highlights some key findings and makes recommendations for the area of social welfare.

Why is social welfare important for health equity?

Throughout their lives, individuals and families face a wide range of serious **financial risks**: of injury or death to the breadwinners or carers, of divorce or separation, of an unplanned pregnancy, of unemployment or business failure, retirement, or legal damages following a car accident. In some cases, such financial risks can be reduced by prudent individual action – for example, by taking out private insurance cover. In others, the state can require such action. It may subsidise or 'nudge' individuals into insuring themselves. But some risks – such as unemployment – cannot be fully insured against in any private market[4].

Having insufficient money to lead a healthy life is a highly significant cause of health inequalities. There is a clear relationship between **wealth and health** – the wealthier you are, the healthier you are likely to be.

Evidence

The European HBSC (Health Behaviour in School Children) Study has investigated the association between family affluence and health risks in adolescents. It found that higher consumption of soft drinks and high-sugar foods, lack of tooth brushing and physical activity, poor self-reported health, poor mental well-being, and injuries from fighting, are all more prevalent among less affluent adolescents[5].

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Wages, taxation, and benefits (in countries with welfare states), all have an effect on individual income and welfare, and should be seen as important health policies.

How can social welfare contribute to health equity?

This sector can contribute in many ways to promoting health equity from the start. The following suggestions are not exhaustive, but can be used to stimulate discussion.

- A more **reasoned and open process for benefit-setting** should be pursued. An adequate minimum for healthy living should be the prime goal. Benefit **priorities** should include the following.
  - Not using the coming financial crisis as an excuse to cut benefits in real terms.
  - Meeting the child poverty targets.
  - Keeping to the government's promise to raise the basic pension in line with earnings.
  - Increasing the role of child benefit in the benefit structure especially for second and subsequent children.
  - Improving income support rates for young pregnant mothers.
  - Meeting the full costs of long term illness, disability and caring.
  - Including asylum seekers in the mainstream income support system.
- It should be accepted that **more tax resources** (and a more progressive tax structure) will be needed in the long run to sustain existing benefit levels, given demographic changes, and to fund the improvements we think necessary.
- A **simplification of the benefit structure** should be pursued.
- The stark distinction between 'in work' and 'out of work' benefits should be ended. There should be **closer links between the health and social protection systems** to help those with long-term conditions.

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The EC-funded Equity Action project

Joint Action on Health Inequalities (Equity Action) is the EC joint action project on health inequalities. It is designed to help turn the ambitions of *Solidarity in Health*, the EC communication on reducing health inequalities, into reality, by raising awareness, promoting the exchange of information and knowledge, identifying and sharing good practice, and facilitating the design of tailor-made policies. There are four main work packages (WPs):

- **Tools (WP4)** - building capability and improving policy at member-state and EU level, focusing on health impact assessment and health inequality strategies
- **Regions (WP5)** - identifying and supporting regional approaches to address health inequalities, including influencing EU structural fund programmes that start in 2014
- **Knowledge (WP6)** - engaging scientific experts to develop a European research agenda on the effectiveness of inter-sectoral action to support policymakers
- **Stakeholders (WP7)** - developing lessons for building alliances and networks with key stakeholders at member-state and EU level, to promote and embed the social determinants of health agenda.

The project runs from 2011 to 2014 and involves 24 partners from 16 member states.

To find out more about us, visit the Equity Action website www.equityaction-project.eu.

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AUTHOR
Author: Dr Simone Weyers, Heinrich Heine University Düsseldorf

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