Together for Health Equity from the Start

A guide on stakeholder engagement
1. Introduction and about this guide

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

Tackling health inequalities and ensuring health equity from the start is an ambitious and complex task that requires cooperation and action from a wide range of stakeholders. This goal cannot be achieved by the health sector alone, but calls for shared responsibility across sectors and different stakeholders.

This guide on stakeholder engagement provides a synthesis of the work undertaken in the “Stakeholders” Work Package of the EU-funded Equity Action. Its aim is to provide guidance on how to proceed in engaging stakeholders from different sectors to tackle health inequalities. It is aimed at assisting public health professionals, professionals from other sectors, as well as decision makers and politicians in their actions to contribute to reducing health inequalities among children.

The guide starts with briefly explaining the key concepts of health inequalities and stakeholder engagement and then identifies concrete steps to take in stakeholder engagement. The last section outlines how to maintain sustainable stakeholder engagement processes, formulate key messages and refers to concrete examples of stakeholder engagement from the project partners who participated in the ‘Stakeholders’ Work Package of the Equity Action.

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2. Health inequalities and stakeholder engagement

What are health inequalities?

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.” (Whitehead, 1990)

Health inequalities are observed in all European countries and they are substantial. The difference in life expectancy, for instance, between high and low socio-economic groups amounts in many instances 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 rightly perceived as unnecessary, avoidable, unfair and unjust. As a conclusion, society must invest to promote health equity.

How do health inequalities come into place?

To a large part, health and health inequalities result 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. Social determinants influence the actual socio-economic status of parents, the financial and emotional stability of families, the quality of housing conditions, the access to healthy food, to health care and education (as well as the quality of these services), and they shape cultural values and norms which themselves influence family life and child rearing.

Figure 1: Health Determinants Model

Individual and socio-economic consequences of childhood health inequalities

Socio-economic inequalities and health inequalities experienced during childhood may become persistent and may accumulate during the individual’s life. Several chronic and mental health diseases in adulthood as well as risk behaviours are known to partially have their origins in childhood experiences and living conditions. Children experiencing disadvantages in their physical, mental and intellectual development are more likely to become irregular school attendees and

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later on, early school leavers, which is a risk factor of poverty and social exclusion.\textsuperscript{5, 6} Without systematic interventions these disadvantages increase later social burdens.

The early childhood is the period in life where health inequalities most (cost-)effectively can be tackled by means of focused interventions. Various governmental programmes proved to be successful in positively influencing adult life course through assisting disadvantaged children in the early years, for example, the Sure Start programme, launched in the United Kingdom in 1998.\textsuperscript{7} Thus, provision for the best possible start in life is not only a moral issue but also a clearly economic one. More detailed information on health inequalities and its evidence base can be gained through the health inequalities portal (www.health-inequalities.eu).

Relevance of stakeholder engagement

The success of tackling health inequalities and promoting health equity from the start may rely heavily on the involvement and cooperation of different stakeholders. In the most general sense a stakeholder can be any group or individual who can affect or be affected by a policy, programme or a problem.

Who is a stakeholder?

“Stakeholders are all those people who have a stake (or share) in a particular issue or system. Stakeholders can be groups of people, organisations, institutions and sometimes even individuals” (Freeman 1984\textsuperscript{8})

When planning and implementing initiatives, programmes and action plans, the involvement of a variety of stakeholders both within the health sector but also outside the health sector is important and so is involving them into joint action and assisting them in considering the health and equity aspects of their decisions. A variety of sectors may be included into action to tackle health inequalities, for example the education sector, the social sector, as well as the transport and urban planning sector.

The involvement and engagement of stakeholders is facilitated by mutual confidence, respect, and common values. Stakeholder engagement means working towards a common goal or objective. It does not necessarily focus on “what others can do for us” but rather on “what we can do together”. It is a process of exploration: the potential motivations, reasons, and levers to address health equity from the start should be understood first and then consider how best to work together. Stakeholder engagement is collaborative and not competitive in nature and is based on openness, transparency, mutual trust and respect.

Well managed stakeholders will actively promote and support an action. Where there is mutual respect for one another’s goals, and an understanding that the achievement of positive outcomes will mean different things for different stakeholders, significant progress can be made in tackling health inequalities.\textsuperscript{9}

The question may arise why stakeholders should want to become involved in action on tackling health inequalities and promoting health equity from the start. The reasons for this vary and sometimes overlap\textsuperscript{10}:

- Altruism – the believe that it is the right thing to do irrespective of cost
- Investment – the expectations of a return on the investment
- Compulsion – there is no other choice than doing so (the risk with this is that a stakeholder will only do a minimum effort)
- Lost opportunity – the potential benefits are so great that it cannot be afforded not to be involved


3. Steps in stakeholder engagement

**Stakeholder mapping and analysis**

After a thorough situation analysis and outline of your planned action, a mapping of all relevant stakeholders who may need to be included is crucial. For this purpose, you will find a mapping template in the annex of this guide. Furthermore, you can download the table under the following link: http://www.equityaction-project.eu/stakeholders/factsheets-guide/.

Depending on your action, relevant stakeholders may come from EU, national, regional or local level, from GOs, NGOs, civil society or the voluntary sector, from the academic field or from the private sector. For some actions, the engagement of representatives of affected groups may be intended.

A thorough stakeholder mapping includes:

- A definition of the roles and competencies of the stakeholder;
- Possible links of the stakeholder to structures, policies and practice (existing partnerships, memberships, involvements, access to information etc.);
- The relevant sector the stakeholder belongs to;
- The rationale for the involvement of the stakeholder;
- Possible incentives for engagement (How to motivate stakeholders to be involved?);
- Practical contributions of the stakeholder to the action (e.g. policy support, lobbying, awareness raising, contributions to funding etc);
- Expected barriers and limitations.

A variety of stakeholders from different levels, institutions and sectors can be included for promoting health equity from the start, amongst them:

- International and EU organizations;
- Leaders and participants of international initiatives and programmes;
- Politicians (at EU level and Member State level);
- Local authority and local government leaders;
- Leaders and employees of state institutions and public administration (e.g. ministries, municipalities, authorities);
- Members of professional groups (health care providers, social and educational experts);
- Health insurance companies;
- Service providers, institutions: kindergartens, schools, health care institutions and social service providers;
- Employers;
- Employees’ organizations/trade unions;
- Non-Governmental Organizations (NGOs);
- Community leaders;
- Business sector representatives;
- Researchers;
- Media;
- And of course parents, grandparents, families/children themselves...
After filling in the mapping table think through thoroughly who your key players are and whom you want to involve.

In order to further prioritise stakeholders, they can be classified on the one hand with regards to their interest and willingness to be involved in your action and on the other hand with regards to their actual influence and power using the below model by Mendelow:\(^{11}\):

- **High power/ high interest**: These are your key players you must fully engage and make the greatest efforts to satisfy.
- **High power/ less interest**: You should invest to keep them satisfied.
- **Low power/ high interest**: You should keep them informed. These stakeholders can often be very helpful with the details of your project.
- **Low power/ less interest**: You should keep these informed with limited effort.

![Figure 2: Assessment of potential stakeholders (Mendelow\(^{12, 13}\))](https://www.equityaction-project.eu/guide/stakeholder-engagement/figure2.png)

\(^{11}\) Mendelow’s Power-interest grid (Aubrey L. Mendelow, Kent State University, Ohio 1991)

\(^{12}\) Mendelow’s Power-interest grid (Aubrey L. Mendelow, Kent State University, Ohio 1991)


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**Initial stakeholder involvement**

You can either involve all of your relevant stakeholders from the beginning, or you can in the first phases of your action rely on the involvement of ‘core’ or ‘champion’ stakeholders. These stakeholders are characterised by the fact that they have a high motivation to promote health equity and bring your action forward.

When involving stakeholders from other sectors, more effort may be needed in explaining reasons and benefits of cooperation with health. Work Package 7 developed fact sheets on intersectoral cooperation for health equity from the start addressing stakeholders from the sectors “education”, “built environment” and “social welfare” (the fact sheets can be accessed online via: http://www.equityaction-project.eu/stakeholders/factsheets-guide/).

**Roll-out/ wider stakeholder involvement**

‘Core’ stakeholders may have had an impact in further structuring your action. In the roll-out of your action, ‘core’ stakeholders play a significant role in involving wider stakeholders.

Neglecting some of the stakeholders may present the risk that their efforts are independent of each other and so they may even reduce the efficacy of each others’ activity.

It is advised to start this phase with a number of information meetings as they are needed to ensure that all stakeholders receive all relevant information and are aware of their roles and responsibilities and thus can contribute to the success of the action.

**Maintenance and feedback**

Once your action is running, it is important to maintain the cooperation structure with stakeholders and to ensure a constant exchange of information between stakeholders about the action.

A good management of the stakeholder engagement process is key to the success of your action. Good management and cooperation structures include:

- Realistic expectations towards possible contributions of different stakeholders;
A clear framework of cooperation;
- Clearly identified responsibilities and accountability;
- Clear reporting (feedback) systems;
- Acknowledgment of stakeholders’ contributions.

Constant feedback from stakeholders is important to monitor progress and identify challenges and failures in your action.

Core activities of stakeholder engagement in Work Package 7 of Equity Action

**Stakeholder mapping by all partners (mapping and analysis)**

By the very beginning of the project, each partner of the ‘Stakeholders’ Work Package identified a limited number of ‘core’ (champion) stakeholders from their country, who were highly motivated to participate in the activities of Equity Action and to promote health equity from the start.

**First EU wide stakeholder debate (initial involvement)**

‘Core stakeholders’ participated in two EU-wide stakeholder debates “Together for Health Equity from the Start”. The first of these two events introduced the topics of health inequalities and health equity from the start and allowed for an exchange of experiences and identified good practice examples in intersectoral action and stakeholder engagement. The second event focused on how to improve the way we build alliances and work with stakeholders to tackle the social determinants of health and address health equity from the start (more information on both events can be found here: http://www.equityaction-project.eu/stakeholders/stakeholder-debates/).

**National and EU-level workshops (maintenance)**

‘Core’ stakeholders assisted in identifying wider stakeholders to be involved into further action to promote health equity (from the start). In cooperation with the Work Package partners, ‘core’ stakeholders were responsible for the organisation of national workshops on promoting health equity in their countries. National workshops aimed at initiating and strengthening cooperation of stakeholders within sectors and between sectors. Each national workshop had a different focus in tackling health inequalities based on the national needs (more information on the national workshops can be found here: http://www.equityaction-project.eu/stakeholders/national-eu-workshops/). Many of the partners of Work Package 7 have developed sustainable structures of cooperation for health equity.

**National workshops in brief:**

**Belgium:**
- Political commitment of the Interministerial Conference of Health to support a formal intersectoral working group within the Department of Sustainable Development in order to develop a national plan on health inequalities

**Poland:**
- Identifying mechanisms to ensure successful intersectoral cooperation on health inequalities – linked to the new public health bill that is being developed by the Ministry of Health

**Norway:**
- Discussing the impact of kindergarten on health inequalities of children and their families with special attention to the project „Free core-time in kindergartens“ – establishing an informal network of partners
Hungary:
• Discussing national initiatives promoting health equity from the start and their local implementation as regards stakeholder engagement – co-organized with the Office of the Minister of State for Social Inclusion (in the Ministry of Human Resources)

EU level workshop:
• Bringing together organisations with representation across the EU that provide health/social/child care services, to stimulate the development and implementation of innovative, integrated initiatives that can take forward the EU Recommendation on Investing in Children, and building capacities to do so.

Sustainable activities of partners (formation of intersectoral working groups, influencing policies, strengthening expertise etc.) (maintenance)

The key to successful stakeholder engagement for health equity from the start

• Stakeholder mapping and analysis: At the beginning of a planned cooperation in the field of health equity from the start, it is crucial to identify and categorise your stakeholders according to their roles, interests, power and influence.

• Recognising the diversity of stakeholders and their needs: Not all stakeholders need the same level of effort and information. Traditionally, the social and education sector is easier to involve in cooperation for health. Difficulty lies in engaging other sectors that can influence the underlying determinants of childhood health inequalities.

• Understanding other sector’s “culture” and agenda: You need to know the “culture”, agenda, practices and terminology of other sectors and what they might be able to contribute in reducing health inequalities among children and improving health-related chances of disadvantaged children (knowledge, human resources, financial resources).

• Using the right language: It is important to speak a common language and to clarify important concepts. For example the term “wellbeing” or “equal chances” might be more appropriate than “health” or “health equity” as “health” is often reduced to its bio-medical meaning.

• Establishing good management structures as a key to strong partnerships: The partnership should be based on effective operational methods and structures, openness, transparency, mutual trust and respect.

• Clearly outlining (evidence-based) mutual benefits of inter-sectoral work: Provision for the best possible start in life is not only a moral issue but also a clearly economic one.

• Sustainable cooperation: Include in your planning mechanisms for ensuring continued stakeholder involvement and engagement.

4. Sustainable stakeholder engagement

Sustainable stakeholder engagement – and as a possible result, sustainable intersectoral cooperation – can be facilitated by:

• Setting common, long-term SMART (Specific, Measurable, Achievable, Relevant, Time-bound) aims;

• Permanent communication of common aims and solutions to achieve these aims;

• Establishing a rank order of common aims initially supporting the achievement of aims where success is most likely to be fast and easily perceived (in order to justify the invested efforts);

• Making politicians and decision makers interested in achieving the aims;

• Using the (mass) media for awareness raising on the aims and to explain how health is related to other sectors (e.g. the employment sector is interested in a healthy labour force);
• Identifying the leading partner in stakeholder engagement and intersectoral cooperation – in most countries the leader of interventions aiming at reducing children’s unfair health inequalities is the health care Ministry, but no sector may be left out of this activity;

• Mapping available resources (human, material, financial, know-how and goodwill), allocating tasks properly and elaborating the system of accountability;

• Permanent professional and organizational coordination between individual stakeholders’ activities;

• Involving affected people (in disadvantaged situation) in cooperation, based on the principle of participation and to avoid “victim blaming”;

• Settling of individual stakeholders’ and sectors’ conflicts of interests fast and effectively, elaborating problem solving techniques and implementing these if necessary;

• Developing, implementing and evaluating concrete programmes involving intersectoral cooperation to prove their effectiveness, and communicating the results to stakeholders and the public.

Key messages

• Promoting health equity from the start calls for shared responsibility across sectors and different stakeholders.

• Each stakeholder should address health equity from the start in its own field and competency – whether it is at the level of advocacy, policy development or decision making.

• The political commitment of EU organizations and the governments of Member States allocating significant financial resources for these purposes is crucial.

• All sectors involved in stakeholder engagement should use their resources efficiently to address commonly agreed aims and explore opportunities to leverage more funds if necessary.

• Sectors should explore mutual opportunities to support each other and develop cooperation. Governmental and political commitment for tackling health inequalities, potentially manifested in legislation concerning intersectoral cooperation in this field, would further facilitate this.

• The topic of health inequalities should be included in training and education in the health field and integrated into the training of other professional as far as possible.

• It is recommended to explore ways how awareness raising and (further) training in the field of reducing social and health inequalities could be integrated into the job descriptions in the public sector.

• Governments and authorities should call for innovative, sustainable and cost-effective initiatives, which consider health aspects and can contribute to tackling health inequalities.

Please take the first step in stakeholder engagement by disseminating this guide to your colleagues and other potential stakeholders working in other sectors and having any responsibility for the health and living conditions of children and their families.

5. Activities in partner countries

In the following, examples of activities on stakeholder engagement and intersectoral cooperation for health equity and health equity from the start are listed, which predominantly fed into the ‘Stakeholder’ Work Package.

These activities comprise general activities undertaken by Equity Action partners specifically for the project, as well as further initiatives, programmes and projects who were involved in the work of Work Package 7 throughout the project.
EuroHealthNet’s involvement in the European Platform against Poverty and Social Exclusion (EPAP) – EU

Aims
- EuroHealthNet aims to promote health and health equity in the EU by addressing the factors that determine health directly or indirectly.
- EPAP aims to stimulate a multi-dimensional approach to combating poverty and social exclusion by emphasising the crucial role of policy areas outside the traditional remit of social inclusion and social protection.

Process / method
- EuroHealthNet’s involvement in the work of EPAP.
- To demonstrate strong links between health, poverty and social inclusion by EuroHealthNet.
- To identify, within the context of the Platform, innovative ways in which the public health and social sectors can collaborate more effectively to reinforce objectives of reducing poverty and social exclusion while improving health.
- To apply the HIAP approach.

Involved stakeholders
- Member States.
- EU institutions.
- Stakeholders’ new partnerships (amongst public health, social sector, education, labour market, etc.) encouraged by the EPAP.

Results
- The theory of HIAP has been put into practice.
- Many of the stakeholders have been involved in the EPAP (including organizations that focused on children).
- Successful collaboration among different sectors: stakeholders identified common policy related messages and new opportunities for practical collaboration on common objectives.

Cooperation between the Hungarian network of health visitors and the Children’s Welfare Services – Hungary

Aim
- The Hungarian network of Health visitors provides preventive and follow-up health care for families with children. It initiated cooperation with the Children’s welfare services all over the country.

Process / method
- To identify good collaboration practice between the local health visitor and the children’s welfare service (CWS).
- To develop guidelines in order to define tasks, responsibilities and areas of cooperation across the two services.

Involved stakeholders:
- Local health visitor service.
- Local children’s welfare service.

Results
- Cooperation between the two services has been improving.
- Appropriate social intervention are capable of changing people’s life conditions so actions with children and families are being initiated quicker.
- Health visitor early warning signals are initiating prompt responses from the CWS.
- Health visitors are providing important data on pregnant women and children with special social needs.
Free core hours in kindergarten – Norway

Aim
- to improve integration and social inclusion of immigrants, particularly with regard to children

Process / method
- several Oslo city districts provide free core hours in kindergarten for immigrant children and their parents

Involved stakeholders
- Ministry of Children, Equity and Social Inclusion
- local government
- kindergartens
- primary schools
- child health clinics
- employee representatives
- NGOs

Results
- improving children’s and parents’ Norwegian language competence and social skills
- improving parents’ engagement to monitor their children’s progress at school

Equity Action National Workshops – Belgium

Aims
- to achieve a concrete proposal concerning HIAP regarding health inequalities and health inequalities from the start
- to strengthen the commitment of the different departments to tackle health inequalities within their field of competence and to participate in one intersectoral working group in order to prepare a national plan concerning Health Inequalities

Process / method
- organization of national workshops
- to perform a policy dialogue concerning Health in All Policies / Health Impact Assessment and health inequalities in order to get a commitment to start an intersectoral/cross-governmental working group concerning health inequalities

Involved stakeholders
- National Steering Committee
- policy makers in the different administrations and public services
- president of each federal public service
- the Federal Minister of Public Health
- key stakeholders and the members of the steering committee of the “Equity Action”

Results
- formulating key messages
- stakeholders’ experience and examples of actions are important input for the development of a future National Action Plan
- specific propositions concerning the implementation of the HIAP policy (e.g. to create a working group on health inequalities within the framework of the Interdepartmental Commission for Sustainable Development, mandate of the working group etc.)
National Health Programme (NHP) Coordination Team – Poland

Aim
• to unify society and public administration with the aim of reducing inequalities in health and improving health and wellbeing

Process / method
• involving all sectors in health (“health in all policies”)
• establishment of NHP Coordination Team (main task: to support coordinated cooperation of stakeholders)

Involved stakeholders
• Prime Minister, Minister of Health and deputy ministers
• regional governments
• representatives of all sectors in health (e.g. medical organizations, institutions responsible for public health)
• NGOs

Results
• four task groups have been set up under the team: (1) health of children, youth and older people, (2) collaboration with the media, (3) coordination with regional governments (4) tackling health inequalities
• the work of the groups is coordinated well

PENIA II (2nd National Strategic Plan for Childhood and Adolescence) – Spain

Aim
• to bring greater policy coherence for childhood and adolescent services

Process / method
• to develop a framework for cooperation

Involved stakeholders
• all ministries with competence in the field of childhood
• General Directorates of childhood of the Autonomous Communities
• the Spanish Federation of Municipalities and Provinces
• childhood NGOs

Results
• has strengthened the policy development process
• has improved coordination of the different administrations and social agents and their active participation
• the health strategic line includes now an objective of health equity from the start
**Prevention and early intervention service – Greece**

**Aim**
- the creation of a Service that supports the integration process of very young children with special needs in nursery schools

**Process / method**
- a pilot project in a Greek province (Fokida) on good collaboration practices between various actors involved in the integration of young children with special needs from the start

**Involved stakeholders**
- Regional Union of Municipalities and Communities of Fokida
- Service of prevention and early intervention
- Society for the Development and Creative Occupation of Children (NGO)
- public nurseries schools of Fokida
- indirectly involved stakeholders (Centers for diagnosis and support of special educational needs, Institute of Mental Health for Children and Adults, Hospital for children)

**Results**
- all concerned children remained enrolled in the ordinary nursery school and they did significant progress on the autonomy and social domains
- parents expressed goals for their children and they were encouraged to discuss their problems and ask for advice and help
- educators discovered a new approach to deal with children with disabilities and tried new forms of collaboration with other professionals

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**National Centre on Early Prevention – Germany**

**Aim**
- In the framework of the action programme of the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth (BMFSFJ) entitled “Early Assistance for Parents and Children and Social Early-Warning Systems”, the Federal Centre for Health Education (BZgA) and the German Youth Institute (DJJ) jointly operate the multiprofessional “National Centre on Early Prevention” (NZFH) in order to further develop the field of early childhood intervention and to build up and extend support systems across Germany.

**Process / method:**
- to generate more knowledge about cooperation and networking in the field of early prevention and intervention the NZFH funded the evaluation of ten pilot projects located in all 16 Federal States

**Involved stakeholders**
- National Centre on Early Prevention
- actors of the child and youth service
- actors of the health system
- others (e.g. pregnancy advice and women support services)

**Results**
- successful intersectoral cooperation in order to achieve their common goals
- identified barriers and problematic points of cooperation and developed solutions to tackle them (e.g. need for local coordinators, and a clearly formulated concept with precisely defined goals)
How the Turin College of Physicians tackles health inequalities – Italy

Aim
• The College of physicians of the Province of Turin has undertaken many actions in order to raise awareness among its members about health inequalities

Process / method
• articles related to health inequalities in the official journal of the Turin College of Physicians
• dedicated section on health inequalities on the website
• setting up a network of voluntary organizations managed by patients, their relatives and experts on various diseases
• setting up the Committee on Solidarity (composed by doctors and practitioners, experts and activists)

Involved stakeholders
• Turin College of Physicians
• voluntary organizations
• doctors
• practitioners, experts
• activists

Results
• the review section and the website are followed and used by many physicians
• good collaboration among the associations network and voluntary organizations
• establish a commission in order to assess to what extent the practitioners’ awareness about equal access to treatment affects their daily practice
• declaring that huge efforts are needed regarding the institutions that have a direct responsibility for providing health care treatments/services

6. The EU-funded project Equity Action and its work package on stakeholder engagement

The EU-funded Equity Action

This guide on stakeholder engagement has been developed within the activities of the “Stakeholders” work package of the Joint Action on Health Inequalities (Equity Action). It provides a synthesis of the key learning points of the work package and refers to concrete activities undertaken during the project.

Equity Action is the EC joint action programme on health inequalities designed to help turn the ambitions of the EC communication on health inequalities “Solidarity in Health”, 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 (WP):

- **Tools (WP4)** – building capability and improving policy at member state (MS) 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 starting in 2014
- **Knowledge (WP6)** – engaging scientific experts to develop a European research agenda on the effectiveness of intersectoral action to support policymakers
- **Stakeholders (WP7)** – to develop a process to engage wider stakeholders in addressing health inequalities and to facilitate that engagement at Member State and EU level.

The programme runs from 2011-2014 and involves 24 partners from 16 member states. More information on the project can be found on the Equity Action website [www.equityaction-project.eu](http://www.equityaction-project.eu).
Work Package 7 of the Equity Action on stakeholder engagement

The “Stakeholders” work package of Equity Action focused on organising national and international exchange about stakeholder engagement and intersectoral cooperation to promote health equity from the start.

A key activity of Work Package 7 was the organisation of two EU-wide stakeholder debates, which allowed for an international exchange of experiences on stakeholder engagement, intersectoral work and health equity from the start. The audience consisted of stakeholders from various levels and sectors.

- The first EU-wide stakeholder debate, “Together for Health Equity from the Start”, which was held on 8–9 May 2012 in Budapest, Hungary, introduced the topics of health inequalities and health equity from the start and allowed for an exchange of experiences and identified good practice examples in intersectoral action and stakeholder engagement.
- The second EU-wide stakeholder debate was held in Berlin, Germany, on 14–15 November 2012. Building upon the discussions during the first EU-wide stakeholder debate, the second debate aimed to improve the way we build alliances and work with stakeholders to tackle the social determinants of health and address health equity from the start.

From the beginning of 2013 on, partners of the work package have organised national workshops to engage stakeholders at national, regional and/or local level to tackle health inequalities and promote health equity from the start. Furthermore, EuroHealthNet has organised an EU-level workshop. The aim of the workshops has been to initiate and strengthen cooperation of stakeholders within sectors and between sectors such as health, education, social welfare or transport and urban planning. Many of the activities of partners are included in this guide as examples of good practice.

Work Package 7 developed fact sheets on intersectoral cooperation for health equity from the start addressing stakeholders from different sectors. The fact sheets provide a brief introduction to the topic of health equity from the start and recognise the contributions of “education”, “built environment” and “social welfare” to a healthy transition from childhood to adolescents. More detailed information about the events and activities of the ‘Stakeholders’ Work Package can be found on: www.equityaction-project.eu.

WP 7 leaders and partners

Leaders
- Federal Centre for Health Education (BZgA), Germany
- National Institute for Health Development (OEFI), Hungary

Partners
- Federal Public Service Health, Food Chain Safety and Environment (FPS), Belgium
- National Institute of Public Health (SZU), Czech Republic
- EuroHealthNet (EHN), Belgium
- Local Health T03, Piemont Region (ASL-T03), Italy
- Norwegian Directorate of Health (NDOH), Norway
- National Institute of Public Health, National Institute of Hygiene (NIZP), Poland
- Ministry of Health, Social Services and Equality (MSSSI), Spain
Annex

Stakeholder mapping table – developed by Work Package 7 of the Equity Action

After a thorough situation analysis and outline of a planned action, a mapping of all relevant stakeholders who may need to be included is crucial.

The following mapping table can be used to list and analyze all those stakeholders who are to be engaged and involved. The table helps to think through and summarize all those aspects as regards stakeholders which are important to consider in the future cooperation.

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<th>Name of stakeholder institution</th>
<th>Roles and competencies</th>
<th>Links to structures, policies, practice</th>
<th>Links to the Health Determinants model</th>
<th>Rationale for engagement</th>
<th>Possible incentives for engagement</th>
<th>Practical contribution of the stakeholder to your action</th>
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<th>Expected barriers and limitations</th>
<th>Contact details of stakeholders</th>
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<td>Name</td>
<td>Position</td>
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Please provide a brief general description Please list partnerships, memberships, involvements, access to information etc. Please explain which sector the stakeholder represents Please explain your specific reason for engaging the stakeholder (e.g. particular competencies, good practice etc.) How to motivate the stakeholder to get involved? Please list possible barriers and limitations in engaging the stakeholder.
Literature

1. Website of UCL Institute of Health Equity  


11./12. Mendelow’s Power-interest grid (Aubrey L. Mendelow, Kent State University, Ohio 1991)
