



JAHEE Newsletter



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Welcome to the internal Newsletter of JAHEE (Joint Action Health Equity Europe), a European initiative to contribute to achieving greater equity in health outcomes. The Newsletter includes General updates and information on Implementation actions.

The Newsletter is prepared by [WP2](#) and [EuroHealthNet](#), which is subcontracted by ISS. To add news about your work, or if you have comments or questions, please contact: [Paola De Castro](#) and [Vania Putatti](#)

General updates

General Assembly

The General Assembly “**JAHEE State of the Play: Towards Integration and Sustainability**” was held online on March 22, 2021 from 9.30 am to 2 pm. The meeting hosted almost 100 participants from all across the partnership. We wish to thank them all. The main objective was to encourage and facilitate European countries “to do something, to do more, to do better” to reduce health inequalities (HI) and to achieve greater equity in health outcomes. The 24 participating countries are implementing more than 80 actions in the different WPs (WP5-WP9), most of which will finish by the end of this year while others will continue beyond the end of JAHEE.

The purpose of this General Assembly was to discuss the integration and sustainability of JAHEE results into the country specific policy agenda in order to strengthen national efforts to tackle HI. More specifically:

1. How partners can help in identifying and promoting JAHEE best practices, and how specific actions can be sustained in the long term, also through existing EU policies and funding programmes, such as the Recovery and Resilience Plan (RRP), the European Semester the Steering Group of Health Promotion and Prevention process, through the Technical Assistance Instrument and others.
2. The role of the Governmental Advisory Board (GAB) in supporting the integration of JAHEE results in countries policies and plans.

The meeting has been a great opportunity to have an update on the status of the Joint Action and to discuss the integration and sustainability of JAHEE results into countries’ policy agenda in order to strengthen national efforts to tackle health inequalities.

The report of the meeting will be shared with all partners soon.

Governmental Advisory Board

The Governmental Advisory Board met online on March 29, 2021 to further elaborate on the integration of JAHEE results through ministerial actions. Particularly, the WP4 team shared with participants an update of the work that has been carried out so far, including:

- Analysis of the level of inclusion of health inequalities in national political agendas.
- Identification of success factors and barriers for the implementation of policies and actions for health equity.
- Supporting countries to integrate the results and conclusions from the JA into national and European policy initiatives.
- Engage EU-level and national decision makers in the discussions on outcomes of the JA.

The meeting hosted experts from Ministries and Public Health institutions from across the EU.

Implementation Actions

Work Package 5 – Monitoring

Lithuania

Publication and health inequalities module (Ausra Zelviene, Indre Petrauskaite)

The Institute of Hygiene of Lithuania as a part of WP5 implemented two types of actions during the period of this JA.

First, the **feasible action** that was chosen was to prepare the publication **Socioeconomic determinants of health inequalities in Lithuanian municipalities**. This [report](#) was published in 2019 (in Lithuanian) and presents interesting and useful insights and added scientific and practical value on the relationship between socioeconomic determinants and health. The selected indicators for socioeconomic determinants were: long-term unemployment, number of social risk families, median age and monthly gross income average. For the health indicators we chose the topics of self-reported health and quality of life, suicide rate, participation in cancer screening programmes, tuberculosis rate, lifestyle indicators, years of potential life lost and avoidable mortality. The datasets that we were working on in the WP5 at that time had greatly influenced the indicator selection for this publication. Since currently there is no possibility to link data from different registries, it was decided to calculate the correlations between socioeconomic determinants and health indicators at municipal level.



Second, the **complex action** that was to incorporate the monitoring of health inequalities into the newly developed public health monitoring information system (See picture on the right) This includes indicators that could be used to describe the health of the Lithuanian population and its inequalities, as well as identify possible causes of these inequalities related to health care activities, population behavior, social and other factors. Also we implemented the use of geographical information systems (GIS) to help visualise health inequalities in Lithuanian counties, municipalities and even elderships (small administrative divisions).

Additional links:

- [Analysis of health inequalities](#)
- [Geographic information system](#)

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Municipality
Demographic and socioeconomic situation
Health status
Mortality
Health determinants and well-being
Health care resources
Activities of health care institutions
Avoided hospital admissions
Analysis of health inequalities 
Incidence and prevalence
Mortality
Welfare
Resources, quality and availability
Lifestyle
Socioeconomic situation
Demography

The Netherlands

Working on methodological improvements and broadening the scope of HI monitoring (Ellen Uiters, Annemarie Ruijsbroek)

The National Institute of Public Health and the Environment (RIVM) is one of the institutes in the Netherlands that presents monitoring information on health and health inequalities (HI). On the website Volksgezondheidzorg.info (*public health and care*), there is information available about health inequalities at the national level (e.g. general health, asthma, diabetes, quality of life, loneliness) and health-related behaviour (e.g. smoking, Physical Activity, alcohol and drug use). Information on the social determinants of health, such as the living environment, is not yet stratified by socioeconomic status (SES).

We held expert sessions to identify which indicators on the social determinants of health would be useful and relevant for researchers, policymakers, and other stakeholders and are currently lacking or not yet stratified by SES. We also discussed the need to improve the way we report on health inequalities by including other SES indicators, besides educational level, and by reconsidering the way we calculate trends over time. The relationship between education and health is expected to change over time due to the rising educational level in the Dutch population. This affects the interpretation of the findings and makes the calculation of health inequalities using educational level as SES indicator challenging. We therefore wish to implement a future-proof approach for calculating trends in health inequalities.

Our implementation action was therefore three-fold: to incorporate more information on the social determinants of health in the HI monitoring system, to explore the usability and relevance of other SES indicators in HI monitoring besides education, and finally to improve the way we calculate trends in health inequalities.

Based on the input from the expert sessions we have chosen to start with the inclusion of SES differences in mastery and SES differences in noise annoyance by road traffic to the HI monitoring. This is a first step in broadening the information on HI. More information on the living environment, but also on work status, SES differences in early childhood development, and poverty are foreseen. Secondly, we have developed a new way to calculate trends in HI, by using a relative education measure in our trend calculations. The description of our approach will be made available among the WP5 partners. Finally, we are adding household income as an additional SES stratifier in the monitoring system, besides educational level and ethnicity. We are currently exploring whether a combined SES indicator of education and income is useful to develop in the near future.

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Work Package 6 – Healthy living environments

Italy

A health equity focused National Prevention Plan 2020-2025 and the related capacity building – Project (Benedetta Mattioli)

In Italy the National Health Service is organised under the Ministry of Health and administered on a regional basis. While the national level ensures that the general objectives and fundamental principles of the national health care system are met, regional governments are responsible for ensuring the delivery of healthcare to the population.

The National Prevention Plan (NPP) 2020-2025 (approved in August 2020) is the fundamental tool for central planning of prevention and health promotion interventions. Each region is asked to adopt the NPP and to prepare its own local Plan (Regional Prevention Plan - RPP), declining the contents, objectives, lines of action, and indicators of the National Plan within regional and local contexts. The fight against health inequalities has become a guiding principle in the Italian political agenda. This can also be seen in the new National Prevention Plan NPP 2020-2025 that foresees equity in all programmed actions. In line with these principles, in 2019 the Ministry of Health (MoH) financed the project ***A health equity focused National Prevention Plan 2020-2025 and the related capacity building*** coordinated by the Istituto Superiore di Sanità (ISS) in collaboration with the Documentation Centre for Health Promotion of Piedmont Region (DoRS).

The main objective of the project is to support the MoH and the regions to consolidate the introduction of the equity lenses approach in the new NPP and RPPs.

In particular the project aims at:

- promoting a health equity oriented approach in priority and target setting, choice of a strategy, and design of the monitoring and evaluation system;
- investing in a capacity building process for regional officers responsible of the elaboration and implementation of the RPPs.

The main expected result is the increase of the equity-oriented actions and their dissemination across the country.

ISS has foreseen both face-to-face training modules (shifted to online mode after the pandemic outbreak) and the sharing of an online community of practice.

The first capacity building module organised in Rome the 5th and 6th May 2019, was attended by 19 regions (two participants per region) and included a theoretical (on the theory of the health Equity Audit, an overview of the governance for health equity) and a practical part (delivery of support tools that provide equity-oriented practices).

The second module was organised online and delivered over three days: 25th and 26th February 2021 and 16th May 2021. All 20 regions participated with more than 100 delegates.

This second module aimed to build the capacity of the delegates sent by the Regions, for planning Regional Prevention Plans (PRP) with an equity lense. The aim was delivered through an interactive training via webinar. Participants put the learning into practice in between the session.

The guiding principles and contents of the new PNP and PRP were described and the Region's tasks explored. The application of Health Equity Audit to concrete actions was described and available tools to be used were explained with practical examples also applied to governance.

The field exercise was concluded by 17 Regions out of 20 and 6 of them described their work during the third day, and this resulted in a very constructive discussion. We are now collecting feedback through a questionnaire to assess satisfaction of participants and gaps still to be filled. We intend to ask for a new, financed project to continue working with the regions in this capacity building process.

For more information, please contact Benedetta Mattioli at benedetta.mattioli@iss.it

Work Package 9 – health and equity in all policies

Bulgaria

Bulgarian Municipality to Develop an Action Plan on HEiAP (Sophia Kandilarova-Georgieva)

The Implementing partner for Bulgaria is the National Center of Public Health and Analyses (NCPHA). The NCPHA is a structure of the Bulgarian national healthcare system and carries out activities on: public health protection, health promotion and disease prevention, as well as information security management of healthcare.

NCPHA implements WP9 in partnership with the Municipality of Stara Zagora - the seventh largest and fifth most populous municipality in Bulgaria.

The aim of the Implementation action is to support one Bulgarian municipality to develop an Action Plan on Health Equity in All Policies (HEiAP). In the beginning of the Implementation Action the WP9 team in NCPHA conducted research and analysed the current local policies related to health and inequalities in order to select a partner for the Implementation Action. The first selected partner municipality withdrew after several months of communication, so new partnership was established with another municipality (Stara Zagora).

Analysis of the key local players was made and some of them were invited to nominate representatives to participate in a multisectoral work group for the development of an action plan for HEiAP at the municipal level. Experts from different fields of the municipal administration, as well as representatives of other local stakeholder institutions and organisations from both public and civil sectors participated in the planning process.

Within a series of working meetings, the work group has the task to assess the situation in Stara Zagora and on the basis of this analysis to develop a draft of an Action Plan for HEiAP.

Special attention is given to local vulnerable populations, e.g. Roma people and other groups in a socially disadvantaged situation. The developed Municipality Action Plan on HEiAP is expected to be submitted for adoption by the Municipal Council of Stara Zagora after the end of the Implementation action.

The implementation action bridges local actors related to health inequalities from different perspectives; it facilitates the establishment of cross-sectoral cooperation in planning and implementation of HEiAP interventions and, in the long term, contributes to positive changes in the current situation, in terms of improved health equity and well-being of the local population.

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