

5. EUROPEAN HEALTH FORUM GASTEIN –

on the future of Health in Europe
25th to 28th of September

Parallel Forum III: Health Inequalities and Social Policy Forum

**It's better being
healthy and wealthy...**



International Forum Gastein

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At the European Health Forum in Bad Hofgastein it became clear that socially disadvantaged people are more susceptible and more exposed to illness and early death than people who do not face disadvantages. The gap between poor and rich is even getting wider, rather than narrowing. The European Health Forum discussed what could be done in the future to help to close this health gap in Europe.

Professor Richard Wilkinson (University Nottingham School) addressed the importance of psycho-social risk factors for ill health. Low social status, weak social affiliations and stress in early life are keys to health inequalities. We need to find ways to deal with the sources of chronic stress in our society. The culture of inequality leads to higher homicides and violent behaviour. In a sense the epidemiology of psycho social risk factors reminds us of the importance of politics: of Liberty, Fraternity and Equality.

The presentation of a Europe wide study showed the need for good quality and comparable data in Europe. Martijntje Bakker (policy worker with the Public Health Fund in The Hague) demonstrated that countries are in different phases regarding the acknowledgement of health inequalities. Greece is at an early stage of collecting data, whereas in the Netherlands, Sweden and England there are more structural developments and comprehensive, coordinated policy to tackle inequalities in health. Variations in these policies and how they were devised suggest that policy making in this area is still largely intuitive and would benefit from more rigorous evidence-based approaches.

Professor Robert Beaglehole (Public Health Physician) introduces the international perspectives of health inequalities and cited that although inequalities exist in Europe the nature of inequalities in developing countries are much higher. For example in Mexico, the life expectancy gap between rich and poor is 13 years and the maternal mortality in China is ten times higher in rural areas compared to urban. He raised the question of how much inequality a society can tolerate. A WHO study shows that much of child mortality in the developing world can be reduced through better health

systems. We have the knowledge to do this, but the biggest challenge is the political will.

Case studies from five countries, Greece, Estonia, Spain, UK and Sweden were presented. The case studies showed the importance in tackling health inequalities at the local level. Getting communities involved and engaged in the process lead to a sense of ownership and empowerment. In the UK national targets have been introduced which have provided impetus to work at local level under the neighbourhood renewal strategy.

For the European Union it is important to acknowledge health inequalities and to facilitate the exchange of best practice. Furthermore the EU could also organise the collection, dissemination and analysis of comparable and accurate data on inequalities in health. With the future enlarged Europe, inequalities in health will become even more apparent and it is therefore necessary that EU member states start working together and addressing inequalities in health in a comprehensive way.