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Reducing Health Inequalities through Health Promotion and Structural Funds

Title
Published by
Prepared by
Editors
Authors
Design
Printed by
Copies

The ACTION-FOR-HEALTH project aims to improve the health and quality of life of European citizens by tackling health inequalities through health promotion and Structural Funds. The project connects partners from 10 EU countries including: National Center of Public Health and Analysis-NCPHA (Bulgaria), Institute of Public Health of Međimurje county-ZZZJ MŽ (Croatia), Estonian-Swedish Mental health and Suicidology Institute



Co-funded by
the Health Programme
of the European Union



Preface.....

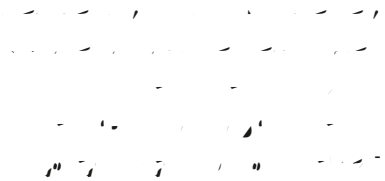
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Preface

effective health promotion actions to reduce health inequalities and maintain and promote health. The first part of this publication explains the underlying concepts and principles of health promotion on which effective practice is based and how health inequalities can be tackled using such actions, in particular by accessing European Structural Funds. The second part of the publication highlights methods

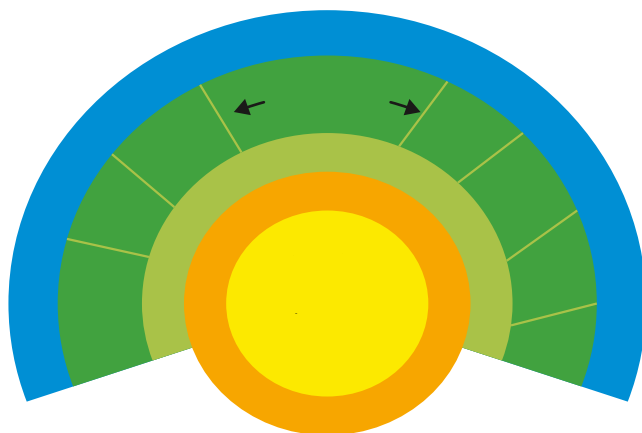
developed by the ACTION-FOR-HEALTH project, which form a bespoke training strategy that facilitates health promotion capacity building into practice.





Setting the scene: health and health inequalities in the EU

There are established and growing inequalities which are worse as you move down the social hierarchy in health both between, and within most European Member States, even though these populations are healthier than at any time in their history (e.g. Mackenbach et al., 2007). The reasons for these health inequalities are complex and involve a wide range of factors which relate to the wider social circumstances. These inequalities form a systematically-patterned 'gradient' between health and social circumstance across their entire populations which can affect all individuals, with substantial evidence demonstrating that health





Other EU policies and financial mecha



Health promotion: foundations and principles

Although not a new concept, health promotion received an impetus following the Alma-Ata declaration (WHO, 1978). Over the last three decades, health promotion has received international attention and acclaim. Priority action areas including: Build healthy public policy; create supportive environments for health; strengthen community action for health; develop personal skills, and; re-orient health services (Figure 2).

The WHO has been the driving force in this process by establishing a vision, framework and agenda through a series of international conferences in an attempt to formulate new ways of understanding and promoting health. The Ottawa Charter including for example, the Adelaide recommendations on healthy public policy (WHO, 1988); the Sundsvall Statement on creating supportive environments for health (WHO, 1986; Figure 2).

The Ottawa Charter identifies three basic health strategies for health promotion. These are: leading health promotion into the 21st century to create the essential conditions for health; enabling all people to achieve their full health potential; and mediating between the different interests in society in the pursuit of health. These strategies are supported by



| Global Conference | Outcome |
|---|---------|
| First International Conference on Health Promotion, | |
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Together, these conferences have contributed practical application, as well as more fully accounted considerably to our collective understanding of health promotion, its strategies, and its application to developing countries (WHO, 1998).

Statement on Health in All Policies (WHO, 2013) policy-makers at the local, regional, national and international levels have introduced a range of measures to improve the healthy life years of populations by addressing lifestyles (e.g. smoking, diet, physical activity etc.) and health-damaging aspects of the socio-ecological environment (e.g. hazards, environmental tobacco smoke, pollution and so on).

Whilst one of the main underpinning principles of health promotion is to involve the population as a whole rather than focusing, say, on more reductionist approaches to individual risk factors for particular diseases, linear causal pathways, and so on; health promotion also focuses explicitly on inequalities in health. Indeed the Ottawa Charter for Health Promotion (WHO, 1986) represented a fundamental shift away from individuals to the

social and wider determinants of health.



be analysed more appropriately in terms of social and political processes rather than relying on traditional epidemiological frameworks of evidence'.

Whilst lots of attention has been paid to de



| | | In broader determinants | In individual risk factors |
|------------------------------|--|--|---|
| Tackling health inequalities | Reducing gradients | (1) Increase in level of determinants in all groups to match that in most advantaged group | (2) Reduction in prevalence in all groups to match that in most advantaged group |
| | Narrowing health gaps | (3) Faster rate of improvement in determinants in poorest group than comparator group | (4) Faster rate of reduction in risk factors in poorest group than comparator group |
| | Improving health of the poorest groups | (5) Improvement in determinants in poorest group | (6) Reduction in risk factors in poorest group |

Determinants-oriented approaches to tackling health inequalities (Graham, 2009)

Further information on reducing health inequalities

It is beyond the scope of this publication to provide a comprehensive list of resources and information on reducing health inequalities. However, as noted previously, useful sources include the searchable projects database of the EC Public Health Programme (<http://ec.europa.eu/eahc/projects/database.html>) and the Seventh Framework Programme (FP7; Figure 3):





that would not happen without help from the cohesion policy. Types of projects funded include improving transport links,

creation of networks of universities and research centres, shared management of natural resources, risk protection, and so on.

The different types of Structural Funds

The EU Cohesion Policy as a whole is thus financed by three main funds designed to support measures that will boost economic growth in Member States thereby reducing the differences in their respective levels of development (including health disparities). To meet these funding objectives, the

1. European Regional Development Fund
2. European Social Fund
3. Cohesion Fund

| Objectives | Structural Funds and instruments | | |
|---|----------------------------------|-----|---------------|
| Convergence | ERDF | ESF | Cohesion Fund |
| Regional Competitiveness and Employment | ERDF | ESF | |
| European Territorial Cooperation | ERDF | | |

Cohesion policy objectives and financial mechanisms

1. European Regional Development Fund (ERDF)

The ERDF (Budget: €201 billion) covers direct aid to investments in companies, particularly, small and medium enterprises to create and supports major (often structural) projects addressing regional development, economic change, enhanced competitiveness (e.g. by

2. European Social Fund (ESF)

The ESF (Budget: €76 billion) covers the working organisations); 2) access to employment convergence and regional competitiveness and for job seekers, the unemployed, women, employment objectives of Cohesion Policy and migrants; 3) social integration of disadvantaged people and combating discrimination, training, and employment in the EU and in the job market, and; 4) strengthening focuses on four key areas: 1) the adaptability of workers and enterprises (lifelong learning schemes, designing and spreading innovative human capital by reforming education systems and setting up a networks of teaching institutions. All EU regions can access the ESF.

3. Cohesion Fund (CF)

The Cohesion Fund (Budget: €70 billion) is a Gross National Income of less than 90% of the EU average. The aim is to reduce Member States' economic shortfall and to stabilise their main areas 1) Trans-European transport networks and 2) environment. The CF is specifically aimed at poorer EU regions or those with

Why Structural and Cohesion Funds to reduce health inequalities?

It is beyond the scope of this publication which includes approximately €6 billion for ageing and e-services priorities including e-Structural Funds can be used to reduce health inequalities in the EU. However for an excellent and detailed perspective, see WHO (2010). Moreover, the ESF is also used to support employment policies in regions categorised under both the Convergence and Regional Competitiveness and Employment the Cohesion Fund (CF) are an investment objectives (see Figure 4). In this way, the ESF policy allocated by the EU as part of its regional or Cohesion policy. The funds aim to reduce regional disparities in terms of income, wealth, population and workforce, such as health promotion and disease prevention programmes, Cohesion Policy funding framework for 2007-2013, a health priority was included with an estimated €11 billion allocated from the ERDF. Structural Funds can be used to help Member States reduce health inequalities.



Accessing Structural Funds

Accessing Structural Funds can be challenging and complicated and it's often best to work with someone or an organisation that already has experience in the process of applying and implementing a Structural Funds project. Moreover, it is important to note that projects funded by Structural Funds are financed. At is, in addition to the European Commission's contribution, additional 'matched' funds are required. For the CF work with someone or an organisation that already has experience in the process of applying and implementing a Structural Funds project. Moreover, it is important to note that projects funded by Structural Funds are financed. At is, in addition to the European

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| <p>can apply for Structural Funds?</p> | <p>Generally, there are few restrictions meaning a wide range of organisations can apply and benefit from Structural Funds include public bodies, some private sector organisations (especially small businesses), universities, associations, NGOs and voluntary organisations. If you are unsure, you can contact the appropriate managing authority in your country. see: http://ec.europa.eu/regional_policy/manage/authority/authority_en.cfm</p> |
| <p>do I apply for co-funding from Structural Funds?</p> | <p>The detailed management of programmes/projects that receive support from the Structural Funds is the responsibility of the individual Member State. For every programme, a managing authority (at national, regional or another level) is designated who is then responsible for informing potential beneficiaries, selecting and evaluating projects and monitoring implementation. In most cases, funding is granted to projects, so you need to develop a project to be eligible for funding. So the first step in applying for SF is to contact the national managing authority in your country/region to ensure your idea/project fits with the national, regional or 'other' level priorities. Contact details for managing authorities in each Member State (and programme objectives and/or priorities) can be found here: http://ec.europa.eu/regional_policy/manage/authority/authority_en.cfm</p> |
| <p>can I apply for Structural Funds?</p> | <p>You will need to follow the particular application procedure for your relevant managing authority – some follow a rolling application process whilst others use specific calls at certain times of the year.</p> |
| <p>projects can be funded?</p> | <p>In each Member State, the Operational Programmes (OP) sets out the selection criteria and investment priorities for each region they cover. So before applying for funds you should thus check the OP(s) that is/are covering your region. You can find the OP for your country/region here for ERDF: http://ec.europa.eu/regional_policy/country/prordn/index_en.cfm and here for ESF: http://ec.europa.eu/esf/main.jsp?catId=45&langId=en</p> |
| <p>can I find examples of projects already co-financed by Structural Funds?</p> | <p></p> |

Preparing a project for structural funding

Although a rather simplistic representation], a project submitted to access structural funding typically comprises six key steps which approximate those for submitting any other kind of project for potential funding:

1. Identification of the idea and preliminary design
2. Preparation
3. Appraisal
4. Proposal approval and financing
5. Implementation and monitoring
6. Evaluation.

Structural Funds 2014-2020

EU Cohesion Policy has been a considerable force for change during the current funding framework 2007-2013. To continue this work in the future and to strengthen the focus on European economic priorities, the EC (at the time of writing) is in the process of developing the new Cohesion Policy for 2014-2020. The new framework is specifically intended to reinforce the strategic dimension of the policy and to ensure that EU investment is targeted on Europe's long-term goals for growth and jobs (Europe 2020 strategy of smart, sustainable, inclusive growth). Other changes include a greater focus on results (e.g. the use of common indicators, reporting, monitoring, and evaluation, and so on), and a focus on maximising the impact of EU funding (e.g. more coherent use of funds, harmonising and simplifying funding rules etc.). For the purposes of the ACTION-FOR-HEALTH project, the impact these changes may have for project partners is unclear.



However, it is likely that the foreseen project for the forthcoming 2014-2020 framework. Indeed, it is likely that the ACTION-FOR-HEALTH outcomes will provide important added value and considerable opportunities for accessing Structural Funds to reduce health inequalities in their respective regions and/or countries. (particularities) will remain relevant and valuable

Further information on Structural Funds

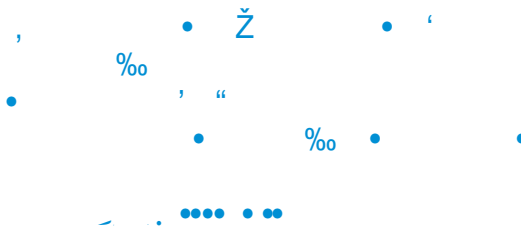
The European Portal for Action on Health Inequalities was launched by the European Commission during 2011 (see www.health-ingramme.eu). Developed by EuroHealthNet on behalf of the 'Equity Action' Programme (part of the Joint Action on Health Inequalities), which is a collaboration between DG SANCO and the European Commission and National governments of 12 EU Member States), the portal aims to provide a source of information on health inequalities, social determinants of health, and Health in All Policies (part of the work strands of this programme capture and share regional approaches to reduce health inequalities, and to strengthen understanding on how to influence and use Structural Funds to address Regional health equity issues. The outcomes of this work are the basis for the content of a useful and up-to-date guidance tool on European Structural Funds (Figure 5).



Structural Funds guidance tool for health equity (<http://fundsforhealth.eu>)



Over the last three decades the concept of programmes and/or interventions. Capacity building has been introduced into the field of health promotion as a (relative) new focus on the requirements for successful implementation of health promotion activities.



Capacity building to reduce health inequalities through Structural Funds needs to be embedded in a broader capacity-building approach that ensures sustainable capacity is achieved at various levels including system, organisational, team and individual levels (WHO, 2010). Ideally, capacity building should aim at being sustainable in terms of producing fundamental and lasting changes, and needs to be viewed as an on-going process, multi-dimensional, and



Different levels of capacity building

National level

At the national level and/or regional level, capacity building is particularly important for many of the EU new Member States, and to a large extent, usually concerns the development of infrastructure. It includes the development of “policies, surveillance systems, research and evaluation capability, a skilled workforce and programme delivery mechanisms” (Catford, 2005, p.2). In relation to tackling health inequalities, the development of policies is particularly important in order to stimulate the implementation and/or development of necessary and relevant structures and mechanisms (Stegeman et al 2009).

Organisational level

Organisational capacity building concerns, amongst other things, the training of staff, the development of organisational policies, the provision of resources, and the institutionalisation of health promotion (Smith et al 2006). “The scope of organizational capacity building encompasses the range of policies and partnerships for health promotion that may be necessary to implement specific programs [sic] or to identify and respond to new health needs as they arise” (Smith et al 2006, p.342). An important part of building organisational capacity is, of course, organisational development, referring to processes that ensure that the policies, structures, procedures and practices of an organisation are in place, and that change is managed effectively (Stegeman et al 2009). Within the Reviewing Public Health Capacity in the EU project (see Aluttis et al, 2013), a

useful overview of the capacity building con

cept as it relates to organisations was devel

oped, differentiating between organisational

structures, partnerships, resources, won(n)16()

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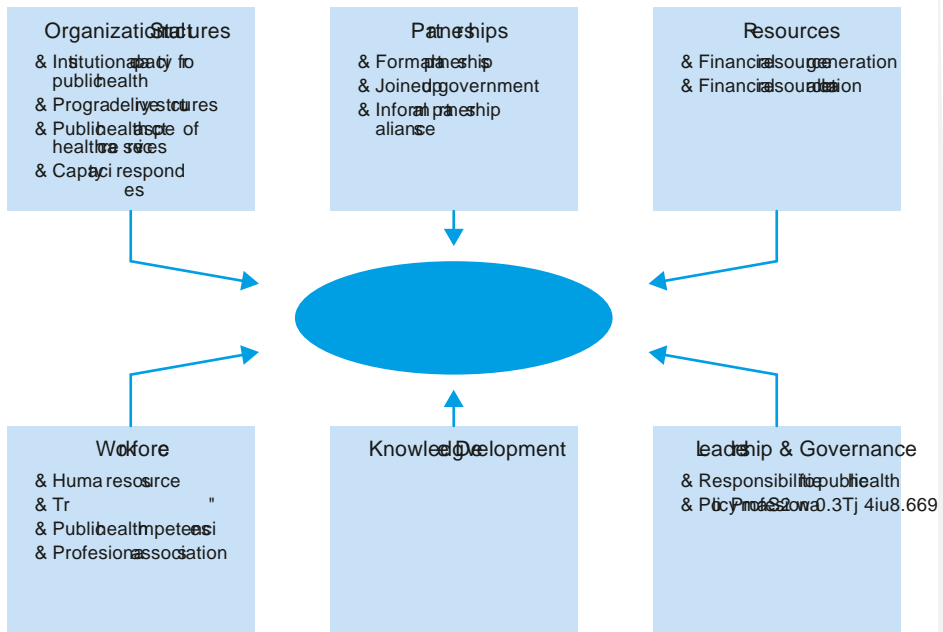
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Overview of public health capacities Aluttis et al. , (2013)

Individual level

training and professional development (Potter Finally, individual capacity building for health & Brough, 2004). While training and professional development are of course key components of building individual capacity, other Individual capacity building can happen with aspects of developing resources and creating in organisations or communities. A common suitable environments also need to be incorporated, including strategies such as the concerns the increase of knowledge and skills empowerment and enabling of staff, building of of individuals, which is why capacity building partnerships and networks, the creation of is often (wrongly) used synonymously with common visions, and so on.



Building capacity systematically

Capacity building is the objective of many are put in place to enable the effective implementation of further measures. development and interventional programmes, including those designed to reduce health inequalities by addressing the social determinants of health. However, Potter & Brough (2004) argue that as a term, it too often comes merely a euphemism referring to little more than training. The authors argue that systems capacity - which refers to the abilities when aiming to build capacity, it is important to approach it systematically which can help identify sectoral shortcomings in specific areas. On the second stage, support service conditions, improve project/programme design and capacity and facility capacity monitoring, and lead to the more effective use of resources.

To this end, Potter & Brough (2004) developed a pyramid of capacity building comprising nine separate but interdependent components that form a four-tier hierarchy of capacity building needs including: 1) structures, systems and roles, 2) staff and facilities, 3) skills, and 4) tools (Figure 7).

According to Potter & Brough (2004), to build capacity certain measures need to come before others to ensure that the foundations

As noted in the Preface to this publication,
the ACTION-FOR-HEALTH project and its
underpinning principles

of key learning and interactive sessions (e.g. knowledge and expertise, as well as that of experts covering health promotion, healthy literacy, internally invited experts - resulting in a comprehensive and synergistic programme of health inequalities, Structural Funds etc.) or practical demonstrations, and cultural and social visits (Table 6). The content of the summer and applied health promotion (e.g. through school was designed specifically to facilitate demonstrational workshops).

both partners' contributions in terms of their



Topic areas for the development of knowledge and skills in ACTION-FOR-HEALTH

Distance learning tool

Although not yet available at the time of writing (November, 2013), a distance learning tool will be developed by the end of the project (June, 2014). Generated in part from the learning materials developed directly as a result of the Training Workshop and Summer School, this tool will be available for the public and will provide information on the core issues of ACTION-FOR-HEALTH. It will also enable partners and other stakeholders to revisit the most relevant topics in their own time (Table 6).

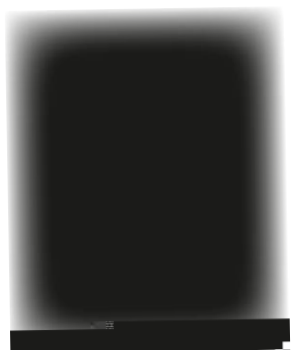
Final conference

Lastly, a national project conference will be organised at the end of the project which will be open to invited experts, public health professionals, and the wider public. It will summarise the project, showcase achievements, and provide insights into the lessons learned and next steps. All documents from the conference will be available on the project website in due course (Table 6).

ACTION 2: Building partnerships

The second area of capacity building in and policy makers, in order to create a network of experts with which they can consult with. The development of partnerships between the project partners, and perhaps more importantly, the project including the situation analysis and identification of promising practices (Action seven participating countries and regions. As part of the project, partners have been encouraged within WP4, and necessary for the creation of aged to strengthen existing partnerships and to make contact with different public health professionals, health promotion practitioners,

The third core area of ACTION-FOR-HEALTH, and the main result of the first year of the project (2012-2013), is the creation of strategic action plans to reduce health inequalities. An action plan, in this context, is a strategic plan based on the situation analysis and needs assessment of a chosen region, with the general goal to reduce health inequalities. It consists of specific aims and objectives that define how these aims can be achieved, activities that list a number of potential ways to act, and indicators by which success of the activities can be evaluated (Belovic et al., 2005). Thereby, the action plans can provide a strategic framework and guidance for public health professionals on how to reduce health inequalities and which inequalities to focus on according to the particular region in question. Furthermore, the action plans that are developed during the project can then provide a basis on which to transfer and adapt to other regions thus potentially multiplying its benefits.







| Resource/Source | Availability* |
|--|---|
| <p>Healthy schools toolkit – e health of a whole school community can be improved through taking some simple steps and health behaviours can support learning and working in schools. This toolkit has been developed by the Health Promotion Agency for Northern Ireland (HPA) providing a focus for school staff to develop, implement and monitor a healthy school environment.</p> | <p>Download the pdf from the Health Promotion Agency for Northern Ireland's website: www.healthpromotionagency.org.uk/Work/hpschools/pdfs/HPA_Toolkit.pdf</p> |
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