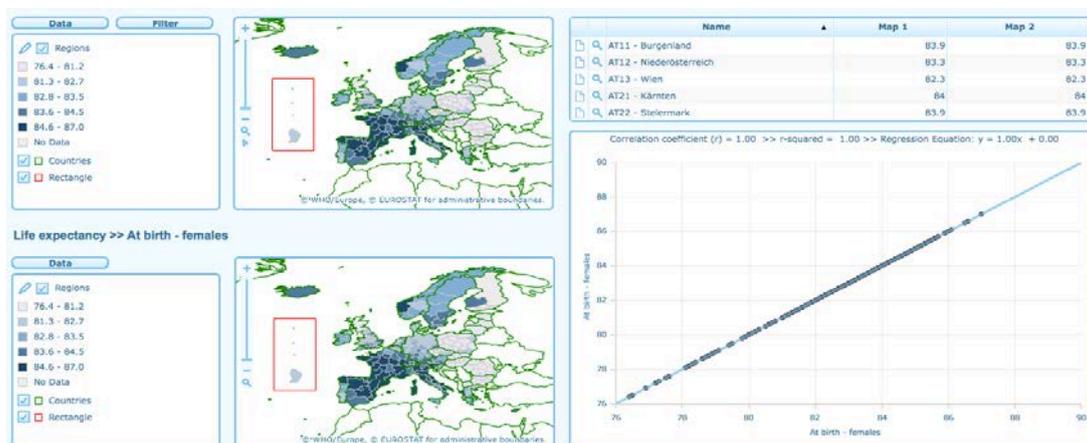


## New evidence-based tools to reduce health inequities in Europe

While health indicators have improved overall in the WHO European Region, this improvement is unevenly distributed within and between the 53 Member States and between population groups within them. As a result, avoidable inequalities are increasing in the Region. For example, the gap in life expectancy between the European countries with the highest and lowest is 17 years for men and 12 years for women. The 2008 economic crisis has exacerbated this trend, but appropriate policy intervention can reverse it.

The WHO Regional Office for Europe and the European Commission jointly carried out a project to produce policy guidelines and tools for addressing health inequalities. Its results provide policy-makers with evidence on how policies affect socially determined health inequities and guidance on what actions can be taken to improve health equity. The project has produced several tools for use in pursuing the two priority goals of the European policy framework, Health 2020: reducing health inequities and improving governance for health. They comprise interactive online atlases and a series of policy briefs.

### Interactive atlases on health inequities<sup>1</sup>



The interactive atlases provide evidence on and map inequities in health systems' performance in the Region. Three different atlases were developed, on: correlation maps, social inequalities and regional comparisons. These tools improve the availability of and access to evidence and allow policy-makers to display and analyse data using different variables and comparing different areas.

<sup>1</sup> Equity in health project. Interactive atlases [online database]. Copenhagen: WHO Regional Office for Europe; 2014 (<http://www.euro.who.int/en/data-and-evidence/equity-in-health-project/interactive-atlases>, accessed 12 June 2014).

## The equity action spectrum: taking a comprehensive approach<sup>2</sup>



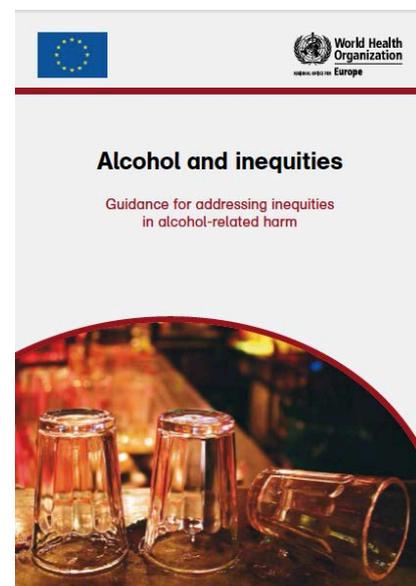
The first of the series of policy briefs underlines the need for a comprehensive approach to reduce avoidable health inequities in Europe. This requires a mixture of simple and complex interventions that combine short-term actions and a longer-term focus. Addressing the social determinants of health by implementing the right policies has direct social and economic benefits.

This publication provides successful examples from different European countries and regions. Under the slogan “Do something, do more, do better”, it aims to assist European countries in taking action to improve health equity, regardless of their stages of socioeconomic development. Considering that the impact of an intervention varies across social groups, the first step is to make sure that current policies are not worsening inequities. The next is to focus on policies to address health inequities for the most disadvantaged people, in order to reduce the gap.

## Alcohol and inequities<sup>3</sup>

The WHO European Region has the highest level of alcohol consumption and related harm in the world. The harmful use of alcohol accounts for nearly 6.5% of all deaths in Europe, but the burden varies between countries and population groups. In general, members of groups with lower socioeconomic status drink less alcohol overall and are more likely to be abstainers, but experience higher levels of alcohol-related harm.

This publication recommends specific policies to address inequities related to alcohol use. These include policies to raise the prices of products or set zoning restrictions to reduce disproportionate density of alcohol outlets in low-income areas.



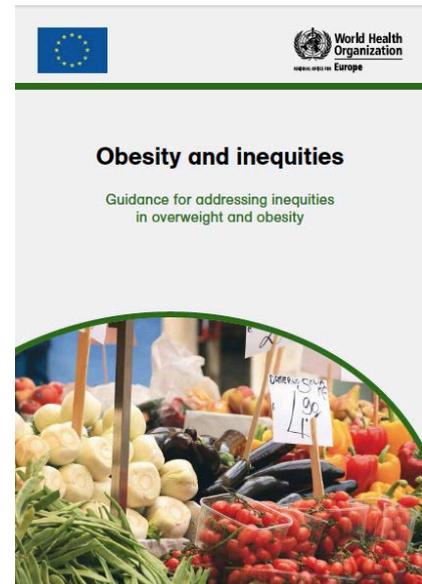
<sup>2</sup> The equity action spectrum: taking a comprehensive approach. Copenhagen: WHO Regional Office for Europe; 2014 (<http://www.euro.who.int/en/data-and-evidence/equity-in-health-project/policy-briefs/equity-action-spectrum-taking-a-comprehensive-approach-the-guidance-for-addressing-inequities-in-health>, accessed 12 June 2014).

<sup>3</sup> Alcohol and inequities. Copenhagen: WHO Regional Office for Europe; 2014 (<http://www.euro.who.int/en/data-and-evidence/equity-in-health-project/policy-briefs/alcohol-and-inequities-guidance-for-addressing-inequities-in-alcohol-related-harm>, accessed 12 June 2014).

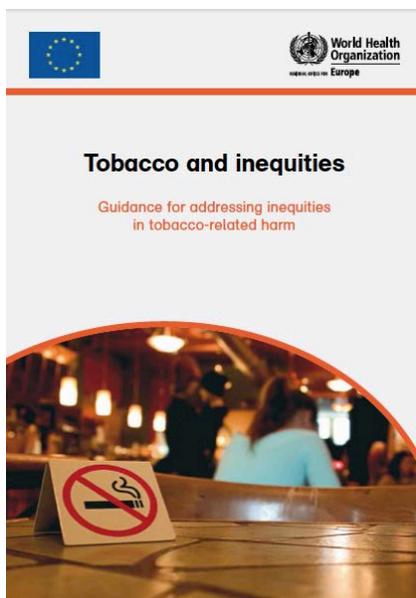
## Obesity and inequities<sup>4</sup>

There are large socioeconomic, gender and ethnic inequities in relation to obesity in the European Region. In the European Union, inequalities in educational status can account for 26% of obesity in men and 50% in women. Cardiovascular diseases, which are associated with obesity, result in almost half of the excess deaths in lower socioeconomic groups. In general, obesity is rising most steeply in the countries with higher income inequality. Women and children in low socioeconomic groups are most vulnerable to developing obesity.

This publication includes examples of successful interventions to reduce inequities in obesity, such as calculating the cost of a so-called healthy food basket or promoting local farmers' markets.



## Tobacco and inequities<sup>5</sup>



The WHO European Region has the highest rate of smoking, and the highest proportion of deaths attributable to tobacco in the world. Tobacco accounts for 16% of all deaths in adults aged over 30. The overall reduction in smoking in Europe has been a public health success, but the main effects have been seen in middle- and high-income groups, causing a substantial widening of inequities.

For this reason, the people who develop tobacco policies need to consider the implications for equity and focus on the most vulnerable groups. Some of the policies recommended in this policy brief are: increasing the prices and banning the marketing of tobacco products, and increasing the provision of support for smoking cessation.

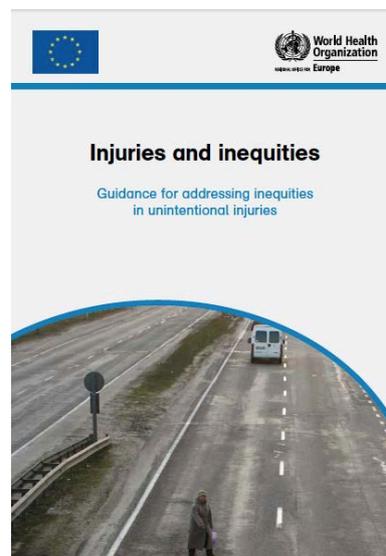
<sup>4</sup> Obesity and inequities. Copenhagen: WHO Regional Office for Europe; 2014 (<http://www.euro.who.int/en/data-and-evidence/equity-in-health-project/policy-briefs/obesity-and-inequities.-guidance-for-addressing-inequities-in-overweight-and-obesity>, accessed 12 June 2014).

<sup>5</sup> Tobacco and inequities. Copenhagen: WHO Regional Office for Europe; 2014 (<http://www.euro.who.int/en/data-and-evidence/equity-in-health-project/policy-briefs/tobacco-and-inequities.-guidance-for-addressing-inequities-in-tobacco-related-harm>, accessed 12 June 2014).

## Injuries and inequities<sup>6</sup>

Unintentional injuries account for almost half a million deaths annually in the WHO European Region: 7% of all annual deaths. The largest proportion of unintentional injuries is attributable to road traffic accidents, followed by poisonings and falls. In general terms, people with lower levels of education, income and employment have a higher risk of unintentional injuries. Preventive measures must be designed to include a focus on equity.

Policy recommendations include increasing safety standards for home and working environments, and guaranteeing the affordability of safety equipment.



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<sup>6</sup> Injuries and inequities. Copenhagen: WHO Regional Office for Europe; 2014  
(<http://www.euro.who.int/en/data-and-evidence/equity-in-health-project/policy-briefs/injuries-and-inequities.-guidance-for-addressing-inequities-in-unintentional-injuries>, accessed 12 June 2014).