# ACTION SUMMARY

## Improving Health Equity via the Social Determinants of Health in the EU

Update on the first year of work
by the DETERMINE Consortium

BZgA Bundeszentrale für gesundheitliche Aufklärung
EuroHealthNet the European network for public health, health promotion and disease prevention
TERVEYDEN EDISTÄMISEN KESKUS CENTRET FÖR HÄLSOFRÄMJANDE NATIONAL CENTRE FOR HEALTH PROMOTION
IPH
IUHPE INTERNATIONAL UNION FOR HEALTH PROMOTION AND EDUCATION www.iuhpe.org
National Social Marketing Centre
NATIONAL INSTITUTE OF PUBLIC HEALTH SZÜ

# Introduction

Dear Reader,

This is the first summary report of work in progress by the DETERMINE consortium of partners working to address the social and economic determinants of health inequities at EU levels.

I believe we are essentially working for fairness in health, and to gain a greater understanding about the factors that determine how long we all live and how well we live our lives. So now you can see one reason for the name we chose.

The evaluation of this project proposal described it as "ambitious", and it needs to be. The fact that some of our fellow citizens die prematurely or suffer needlessly due to factors we can change should give everyone serious concern. Acting to improve that is a growing moral and economic priority, globally and on our doorsteps.

This is just a short summary of what is being done so far, but I hope it entices you to find out more. Behind the following text have been hundreds of hours of work by our partners, professional staff and experts, for which I applaud and thank all those responsible. Much more detail is being placed on our portal www.eurohealthnet.eu. Do please visit and use it as a common resource.

That site also shows we are not working alone. We came together in this Consortium to help bring an extra EU dimension to the work of the global WHO Commission on Social Determinants of Health, led by Professor Sir Michael Marmot and his worldwide teams. 2008 has seen the publication of their recommendations, and we are liaising ever more closely to ensure that is a stimulus for concrete action in which we play our part among many others.

We are not interested in making bland reports which change nothing. We are creating the basis for some fundamental changes in thinking about the way people, communities and systems act and interact in the 21st century in relation to fair and equitable health for all. We hope some of our learning will have resonance way beyond Europe, but we are acting where we can have most effect.

We are determined to succeed, however long it takes. That is the other reason for our title. I hope you will determine to do what you can too, and I look forward to your responses.

On behalf of the DETERMINE Consortium,

Director, EuroHealthNet, Brussels, July 2008.

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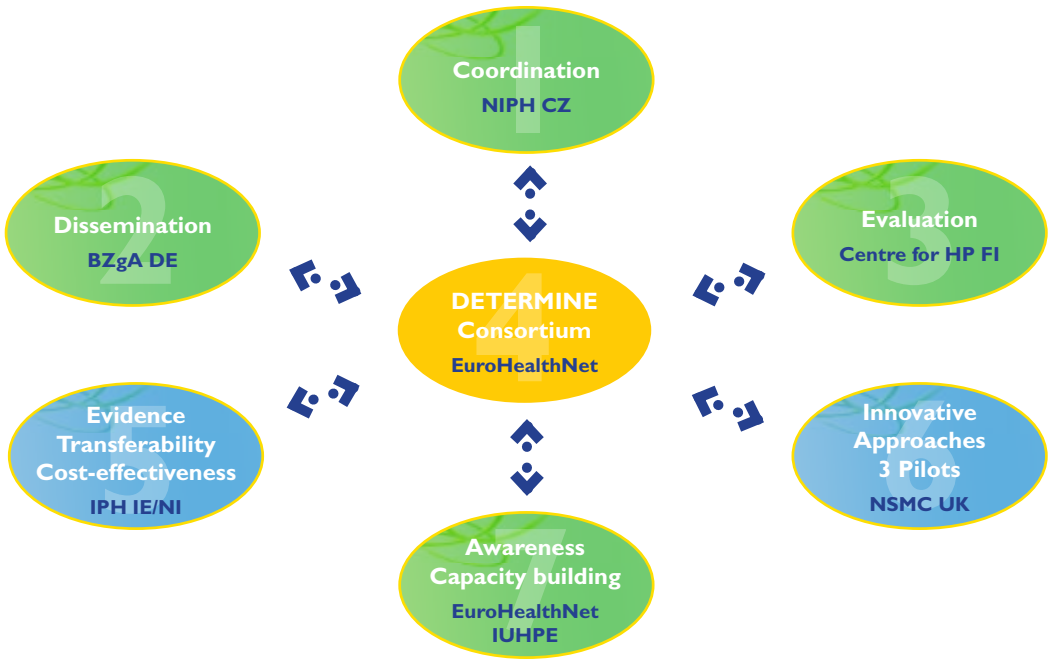
# DETERMINE

**DETERMINE** is an EU wide initiative to stimulate concrete action on the social and economic determinants of health inequities. It brings together a Consortium of over 50 health bodies, public health and health promotion institutes, governments, and various other non-governmental, professional and academic organizations and networks from 26 European countries – one of the largest ever such groupings achieved since EU Health Action Programmes began.

**The overall objective** is to achieve greater awareness and capacity amongst decision makers in all policy sectors to take health and health equity into consideration when developing policy. This demands much greater cooperation than ever before between health and other sectors.

**This publication** serves as an update on activities conducted in the first year of the initiative, which has focused on assessing the current situation within participating countries to improve health and address health inequities via the social determinants of health.

**This work** is carried out under the framework of seven work packages. EuroHealthNet (www.eurohealthnet.eu) coordinates the project in collaboration with the contract holder, the Czech Republic Institute of Public Health, and work package leaders. The initial work is scheduled to conclude in spring 2010.




(DETERMINE WP graphic from Poster[1])

**DETERMINE** complements the work of the WHO Commission on Social Determinants of Health (2005-2008), which brings together evidence on policies that improve health by addressing the social conditions in which people live and work. Amongst the goals of the CSDH is to help build a sustainable global movement for action on health equity and social determinants. DETERMINE contributes to this in an EU context.

**This initiative** *(DETERMINE - an EU Consortium for Action on Socio-economic Determinants of Health)* has received funding from the European Union, in the framework of the Public Health Programme.

1 See www.health-inequalities.eu (About DETERMINE) for a specific description of the objectives of each work package.

# Our main messages:

- **While there is some promising action** in the EU states to tackle the social determinants of health inequalities (SDHI), there is still much more to do to ensure fairer health outcomes for all – and to contribute to global needs.
- **The EU and its Member States** emphasise the values of social justice and equal opportunities as well as economic progress. To help achieve all three, there is a need for more equitable – fairer - health outcomes for all.
- **Responsibility for fair health outcomes** resides in and beyond health systems. Health professionals can play an important but limited role in improving the health of the population. Their impact can be much greater if part of that role is to mobilise other actors to contribute.
- **While the term** of social determinants of health inequalities is not yet widely applied, many of the prnciples are implicitly understood across governments and action in line with these principles is being undertaken. But the health gap still widens.
- **Actions** are increasingly being taken in policy areas outside health systems that indirectly address the SDHI. This is encouraging, but to be sustainable, it is important to ensure partners in other sectors also benefit in ways that are relevant to them.
- **It is evident** that the SDHI are not being addressed in a systematic manner in partner countries. Many initiatives must still be evaluated. Thus this is an area for innovation and political will based on use of available evidence. The extent of need and potential social and economic benefits justifies increasing the pace of policy and practice development.
- **Innovative approaches** involving diverse and progressive partnerships are being applied in some EU Member States. This can lead to improvements in the health of people from vulnerable groups at faster rates than whole populations.
- **Real progress** depends on making health equity a priority at the highest government levels. The issue is not yet being incorporated into most key national or international objectives, notably the EU post Lisbon Strategy. Only then can consistent action be taken to ensure that all policies enhance rather than undermine health.
- **The EU's legislative and work programmes have the capability** –through a mix of direct competence, leadership and leverage - to promote social justice and economic efficiency across the whole Union. Inter-sectoral action on the social determinants of health at the EU level is therefore crucial to achieving higher levels of health equity in the EU Member States.

The following pages contain information that reflect how the Consortium has reached these views. Details of work carried out as well as searchable country by country examples are available at www.health-inequalities.eu

# *Why is health equity important to Europe today?*

While the overall health of European people is improving, the health of those from higher socio-economic groups is improving at a faster rate - widening the health gap.

In Belgium, for example, the most disadvantaged men die 5 years earlier than those with a higher socio-economic status. Belgians with a low educational level also spend 18-25 of those years in worse health than people who are highly educated.[2] Similar figures can be found in all EU Member states with available data.[3]

It is not simply the poorest that experience less than optimal health; there is a gradient, or risk across the whole population. In other words, there is a systematic correlation between social status and health. All individuals –not simply the least well off -are affected by this gradient.

Crucially, the unequal distribution of health outcomes and the various dimensions of social disadvantage that cause them are not natural or inevitable. The variations in mortality and morbidity rates for different health related conditions across EU Member States can be attributed to differences in policy choices.[4] This is what makes health deviations avoidable, and therefore inequitable -unfair and unjust.

Health and equity are not only important values in themselves. They also make good economic sense. Measures to ensure fairer health outcomes for all stimulate people's ability to achieve their potential and thereby optimise economic productivity. They also reduce excess mortality and health care costs, and improve quality of life for all members of society.

Ensuring fair health opportunities for everyone is crucial if European societies are to uphold their values of equal opportunity, social justice and solidarity as set out in successive EU Treaties by Member States. It is also essential to the EU's ambition to increase social cohesion, ensure sustainable development and anticipate demographic changes.[5]

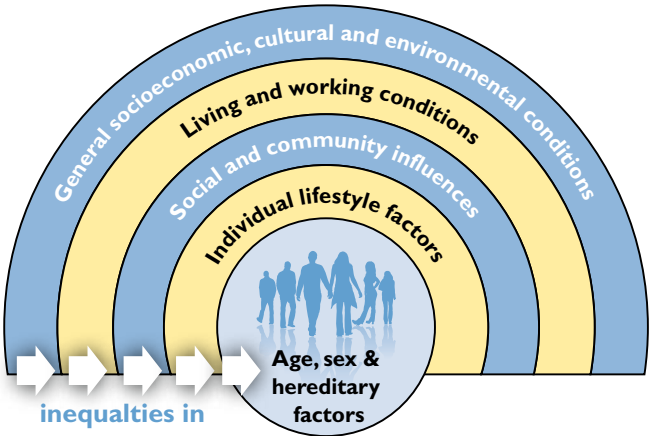
2 King Boudewijn Foundation; working group Memorandum to the Belgian Government with Recommendations on Health Inequalities, August 2007
3 Eurothine. Tackling Health Inequalities in Europe, Final Report. August 2007. http://survey.erasmusmc.nl/eurothine/index.php?id=112,0,0,1,0,0
4 Prof. Martin McKee. "***Where is the Potential for Better Health in the EU?***" Presentation at Finnish EU Presidency Expert Conference on HiAP in September 2006. http://www.stm.fi/Resource.phx/eng/subjt/inter/eu2006/hiap/plenary.htx
5 Article 2 of the EU Lisbon Treaty: http://europa.eu/lisbon_treaty/full_text/index_en.htm

# What can be done?

Health inequities and the health gap result from differences in the general social and economic conditions that people operate in. These conditions can be defined as the **socio-economic determinants of health**.

## Health Determinants Model

Dahlgren and Whitehead developed a model which usefully summarizes these determinants, presented below.




Health Determinants Model (Dahlgren and Whitehead, 1991)

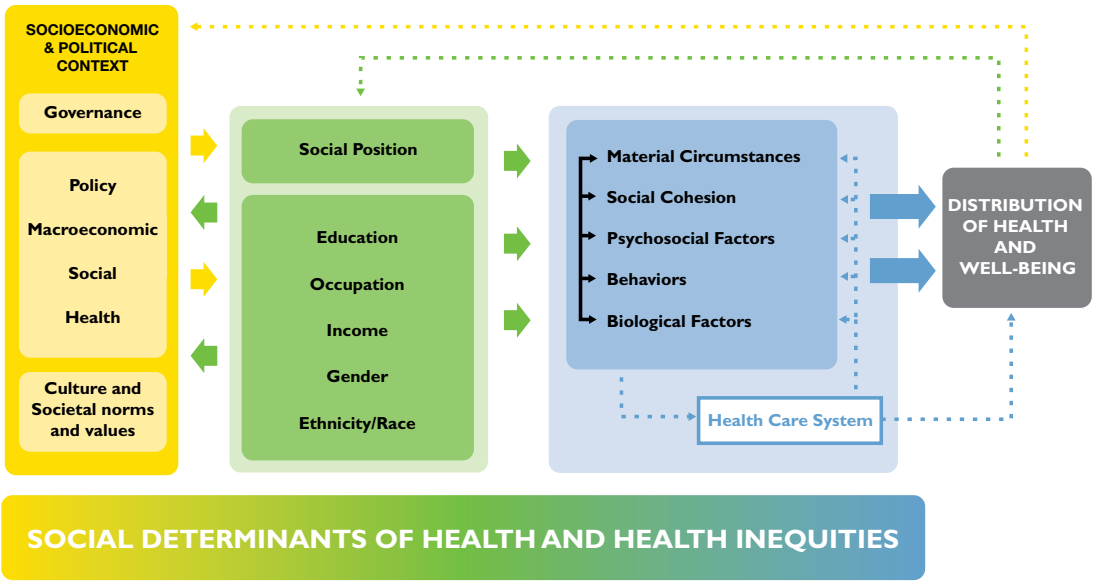
A further pathway model has been developed by the WHO Global Commission on SDH, which shows how these different social determinants can lead to health inequalities. Both of these models reflect how other sectors are vitally responsible for population health outcomes.

They also illustrate that ensuring fairer health opportunities for all cannot be achieved by the health sector alone. It requires commitment and strong alliances across a wide range of actors.

It is essential to improving health equity and 'levelling up' the gradient that the SDH are addressed in such a way that the effects are relatively more beneficial to those in lower socio-economic groups. There are numerous policies and interventions that have a positive influence on the health of the general population. However such policies may not necessarily reach those in a more vulnerable socio-economic position, and could thereby even increase social differentials. Policies associated with a general decline in smoking prevalence have for example failed to reduce the socioeconomic differentials in smoking.[6] Interventions must therefore be tailored to address the needs and conditions of the relevant groups concerned.

6 www.sdhi.ac.uk/Past_Events/Powerpoints/Graham.ppt

## The CSDH Pathway Model




Amended from Solar & Irwin, 2007[7] , in CSDH (2008 in press). Closing the gap in a generation: health equity through action on the social determinants of health. Final Report of the Commission on Social Determinants of Health. Geneva, World Health Organization.

# *What are EU Member States doing to address the Social Determinants of Health Inequalities (SDHI)?*

*The following provides an overview of the outcomes of DETERMINE Work Package (WP) 5 on SDHI. Sixteen DETERMINE Consortium Members took part in this WP. A full report on the findings, participants and further information can be found in the 'National Level Policies' section of the Portal: on http://www.health-inequalities.eu.*

Sixteen DETERMINE Consortium Members completed a questionnaire designed to assess what their countries or regions are doing to address the 'Social Determinants of Health Inequalities' (SDHI). While the outcomes of this survey cannot give a comprehensive account of the situation in Europe in this area, they do provide an insight into the types of actions that are currently being taken across the EU.

This survey revealed that the term SDHI is not yet common currency across governments. Nevertheless, other terms such as Social Inclusion, Tackling Health Inequalties, Combating Poverty, Health in All Policies, and Social Determinants of Health are used to describe work that is directly associated with efforts to address the SDHI. Government strategies on social inclusion and poverty set the stage for the consideration of principles such as fairness, equity and social justice.

7 Solar O & Irwin A (2007). A conceptual framework for action on the social determinants of health. Discussion paper for the Commission on Social Determinants of Health. Geneva, World Health Organization.

*While the Norwegian Strategy 'Social Inequalities in Health' makes explicit reference to health in its title, an important factor was to focus on the common goal amongst ministries of reducing inequalities generally. In this way interest grew in targeting the 'causes of the causes' of inequalities in different areas.*

## Across-government approaches

Whether or not strategic objectives implicitly or explicitly refer to health equity, cross-governmental strategies are needed to ensure that all policy areas contribute to agreed common goals (which may be anti-poverty, social inclusion, sustainable development etc). The health sector must play an active and pro-active role to help ensure gains for all partners – the "win-win" scenario. There are currently examples of such broad-based approaches taking place in the UK and some Scandinavian countries.

## Across-government approaches initiated by Health Ministries

In most EU Member States, health ministries are taking the lead in actions to address health inequalities. The health strategies in most EU Member States include a specific reference to reducing health inequalities, and recognize that this requires a determinants of health approach. In some countries, this has led to ambitious cross-sectoral programmes to address health inequalities.

*In England, the Programme of Action for Tackling Health Inequalities sets out a national cross-government plan which has been taken forward by 12 government departments. A Nationwide Strategy on Tackling Inequalities in Health is in progress in the Netherlands, while a National Population Health Plan for 2008-2015 is currently being prepared in Estonia. Sweden's Public Health programme is based on improving the social determinants of health and includes specific domains of objectives.*

# *Strategies undertaken by other Policy Areas*

A wide range of strategies in other policy areas contribute to fairer health outcomes across the population, implicitly or explicitly.

- **Education**: The Delivering Equality of Opportunity in Schools is an action plan for educational inclusion in Ireland.
- **Employment and Social Welfare**: Measures have been put in place in Slovenia to encourage labour market participation by disadvantaged groups.
- **Economy**: In Scotland, the Economic Strategy (2007) sets out priorities for encouraging sustainable economic growth affecting health and well-being.
- **Environment**: The Environment Strategy for Wales (2006) makes explicit reference to the impact of the environment on economic and social well-being and on health.
- **Districts approach**: Exemplary districts is an initiative by the Ministry of Housing, Spatial Planning and the Environment, Directorate General for Housing, Communities and Integration, in collaboration with Ministry of Public Health, which aims to reduce deprivation in 40 disadvantaged neighbourhoods across the Netherlands.
- **Housing**: In Estonia, knowledge about the health effects of housing have been utilised by the Ministry of Economic Affairs in drawing up the Development Plan for Housing.
- **Tourism**: A policy which has been developed by the Flemish Minister for Tourism makes holidays accessible to economically vulnerable groups, which improves their mental and physical well being and alleviates stress.

*More information on these and other initiatives can be found under the relevant countries in the National Level Policy section of the DETERMINE Portal: www.health-inequalities.eu.*

# *Mechanisms and tools to achieve greater health equity*

DETERMINE Consortium Partners involved in Work Package 5 also identified a number of tools and mechanisms that are being applied in their countries to facilitate action on the socio-economic determinants of health inequalities. Amongst the most important were:

## Information application

Many countries pointed to the need for sound information demonstrating clear links between health status and socio-economic status to mobilise policy makers to take action. The TEROKA project in Finland has led to a broad ranging government wide strategy in this area. In Belgium the General Poverty Report which is based on consultations with deprived groups, is published every two years.

Formal and informal consultative processes are particularly essential, such as inter-ministerial policy research undertaken by the Ministry of Health in the Netherlands or the Cabinet Committee on Health Inequalities in the UK.

## Resources

Resources are required to support bodies that can be active in this area, such as the Health Inequalities Resource Unit in the Norwegian Directorate for Health and Social Affairs, or the Health Inequalities Unit located within the Policy and Strategy Directorate of the Department of Health for England.

Finland's Slot Machine Association has the exclusive right in Finland to operate slot machines and casinos. All revenues are used to fund health and social welfare organizations, in order to build solidarity. Funding also goes to initiatives that can contribute to a reduction of health inequalities.

## Impact Assessments

Health Impact Assessments (HIA's) are carried out in many countries, although they are very seldom a statutory requirement, and therefore not undertaken systematically. The government funded Welsh Health Impact Assessment Support Unit has, for example, published a range of HIAs on central and local government activities across Wales.

Impact Assessments that do not necessarily focus on health but include health related components can also advance health equity. Equality Impact Assessment for example is a statutory requirement in Northern Ireland and is therefore used systematically. Strategic Environmental Assessment (SEA), which is a statutory process in Scotland and elsewhere as required by an EU Directive, also includes consideration of health impacts, although they do not look at the effects on health equity. An important step forward would be for them to do so.

# *Is there action at EU level ?*

*Further case-studies that elaborate on EU policies can be found on the EU policy section of the DETERMINE Portal* [www.health-inequalities.eu](http://www.health-inequalities.eu)

## EU Health Policy

The EU Health Strategy, 'Together for Health: A Strategic Approach for the EU 2008-2013', provides an overarching strategic framework spanning core issues in health, as well as health in all policies and global health issues. The Strategy states that building synergies with other sectors is crucial for a strong Community health policy, and many sectors should cooperate to fulfil the aims and actions of this Strategy.

The second EU Public Health Programme (2008-2013) places a greater emphasis on health inequalities and the social determinants of health than its predecessor. The Programme states that action in this regard will focus on lifestyle health determinants, as well as social and environmental determinants. An emphasis will also be on improving health indicators and their correlation with socio-economic indicators.

## Other EU Policy Areas

While DG SANCO can stimulate action on the social determinants of health inequalities, any real changes initiated via the EU level will come through actions being taken by these other policy areas themselves. There is a great potential for progress in many areas. In some cases important advances are already being made:

- **The Lisbon Strategy.**

  The Lisbon Strategy (2000-2010) is the broad overarching strategic policy objective of the EU. It aims to stimulate economic growth and employment while also maintaining high levels of social protection. An important achievement within the Strategy has been to include healthy life years as one of the 50 key structural indicators of success. However, economic competitiveness remains the core objective.

- **Social Protection:**

  The EU Open Method of Coordination (OMC) process in the areas of Social Protection (Social Inclusion, Pensions, and Health and Long Term Care) encourages countries to establish objectives and to develop integrated policy goals in these areas. The OMC is a potentially important mechanism to initiate and strengthen collaboration between the health and social sectors in EU Member States.

- **Budget Review:**

  A public consultation and review of the EU budget is taking place to achieve consensus on how it can be shaped to serve EU priorities and meet the challenges of the future. Currently, less than 1% of the EC budget is being spent on health or directly related issues, despite the fact that many surveys reveal that it is a primary concern for EU citizens.

- **Structural Funding:**

  About 36% of the EU budget is spent on structural development programmes to ensure greater equity between EU regions. Health was, for the first time, included as an explicit funding area under the new Structural Fund Policy (2007-2013). This means that European Regional Development Funds can now be used to 'develop and improve health provisions which contribute to regional development and quality of life in regions.'

- **Common Agricultural Policy (CAP):**

  The CAP, which receives over 40% of EU funding, was initially developed to ensure adequate levels of food production in Europe. While CAP determines what is produced and therefore consumed in the EU, health considerations are seldom taken into account or instrumental in the policy reform process. Awareness of the health impacts of CAP is slowly rising, making this an important area of potential progress.

Other initiatives taking place, for example in DG Internal Market, DG Enterprise, DG Education, DG Environment, can also have equally important effects on the determinants of health inequalities.[8]

# *What kinds of Innovative Approaches are being applied?*

*The following provides an overview of the outcomes of DETERMINE Work Package (WP) 6 on Innovative Approaches. Nine DETERMINE Consortium Members contributed to this WP. A full report with more information and all good practices are available on the DETERMINE Portal: http://www.health-inequalities.eu.*

While the previous sections of this report have focused on policies and policy making tools to address the socio-economic determinants of health inequalities, achieving better health outcomes also requires specific interventions to improve the lives of vulnerable groups and stimulate health enhancing behaviours. Social Marketing and Public/Private Partnerships are examples of innovative approaches that are being applied towards this purpose, which have in recent years been gaining attention.

## Public/ Private Partnerships

Public/Private partnerships (PPP) involve collaboration between the public and private sector which entails sharing risks, responsibilities, resources, competencies and benefits, to achieve a particular shared goal or objective. PPP's are distinguished by the fact that there is a demonstrated shared process of decision making.

The public sector can benefit from the resources, expertise, knowledge, skills and financial capacity of the private sector. The private sector, in turn, can benefit from the legitimacy of being associated with public values, reinforcing the integrity of its brand. There are obvious ethical issues to consider in public/private partnerships, since all corporations have a legal duty to maximize profits for their stakeholders. Care must therefore be taken to ensure that goals are aligned with those of the public sector, and do not undermine existing or potential legislation.

- **Case Studies – Public-Private Partnerships in related fields:**

  **Jobfit Regional (Germany)** – Partnership between a health insurance company (BV BKK) and the North Rhine-Westphalian Ministry of Work, Health and Social Affairs aiming to improve the health of the unemployed.

  **Gift of Life (Estonia)** – a charity campaign raising awareness about HIV transmission amongst pregnant women. This involved the National Institute for Health Development working in cooperation with Hansapank, one of the biggest banks in Estonia.

8 See: http:europa.eu

**Tour de Disadvantaged (Denmark)** – a bicycle race for current and former drug users and other disadvantaged people residing in shelters in Denmark. This was an arrangement between the National Association of Shelters, Danish CyclingUnion, and the National Olympic Committee and Sports Confederation of Denmark.

## Social Marketing

Social marketing is an approach that aims to initiate behaviour change by applying marketing techniques alongside other concepts, namely to discover the wants of a target audience and to create the goods and services to satisfy them. The focus is therefore on developing an understanding of the target audience, and to work along-side them when designing interventions, rather than applying top down approaches. Social marketing can be employed to change the behaviour of individuals as well as professionals, organisations and policy-makers.[9]

- **Case studies – Social Marketing:**

  **Seize the Opportunity** (Denmark) – this project looks at reducing social inequality through targeted interventions in diet, exercise, smoking and alcohol, directed at socially disadvantaged groups.

  **Cervix Mass Screening Programme** (Hungary) – this project was designed to boost the participation of disadvantaged social groups in a cancer screening programmes – the initiative was based on a sound understanding of the lives and behaviours of the target group.

## Other Innovative Approaches

DETERMINE partners that participated in WP 6 selected a number of other projects that they considered "innovative". While these projects varied considerably in objectives and scale, they applied many of the same principles. Developing a thorough understanding of the target audience by applying different listening techniques, and building interventions on the basis of the knowledge gained, was the foundation of many interventions. The use of empowerment and participatory approaches were also commonly employed and considered effective.

The review found that nearly all of the innovative projects identified used some form of partnership or cross-sectoral approach; this illustrates the importance of bringing together a diverse range of parties to address behaviour.

- **Empowerment :**

  **Akkuna** (Finland) – helps unemployed people connect and support one another, with the aim of self-empowerment. This project encourages families to become involved in their communities in order to appreciate "the world beyond their windows".

- **Participatory Techniques:**

  **Manuel Merino** (Spain) – this project aims to promote healthy lifestyle among adolescents, by involving them in the design of campaign materials and providing them with 'spaces' to express themselves.

- **Community-Based Approaches:**

  **Roma Community Development Programme** (Hungary) – this community development project aims to improve individual skills and community cohesion through a network of stakeholder organisations in addition to participatory action research.

9 A systematic review of social marketing effectiveness, Martine Stead, Ross Gordon, Kathryn Angus and Laura McDermott, University of Stirling, Stirling, UK, www.emeraldinsight.com/0965-4283.htm, July 2006, P.G. 182

# What are our next steps?

Building on this first year of work, the DETERMINE Consortium is moving forward to:

- **Seek a greater depth of understanding on how to involve relevant policy sectors in the pursuit of health equity - by engaging key actors from other sectors.**
- **Develop policy advocacy and capacity building measures.**
- **Increase knowledge about the cost-effectiveness and cost benefits of addressing SDHI across policy sectors.**
- **Pilot innovative approaches.**
- **Rigorously evaluate our work to encourage good practice and to share it across Europe.**

# Who are we?

## DETERMINE Main and Collaborating Partners

**Austria:** Austrian Health Promotion Foundation

**Belgium (Flanders):** VIG - Flemish Institute for Health Promotion (FIHP)

**Czech Republic:** National Institute of Public Health (NIPH)

**Denmark:** National Institute of Public Health (NIPH),, University of Southern Denmark

**England:** Brighton University / International Health Development Research Centre, University of Brighton (IHDRC)

**England:** Department of Health.

**England:** European Centre on Health of Societies in Transition, London School of Hygiene and Tropical Medicine

**England:** National Heart Forum

**England:** National Social Marketing Centre

**England:** Sefton Primary Care Trust / North West Health Brussels Office

**England:** University of Bath, School for Health

**Estonia:** National Institute for Health Development (NIHD)

**Finland:** Finnish Centre for Health Promotion

**Finland:** National Research and Development Centre for Welfare and Health (STAKES)

**Finland:** National Public Health Institute (KTL)

**Finland:** Institute of Occupational Health

**France:** Institut National de Prévention et d'Education pour la Santé (INPES)

**France:** Ministry of Health

**France:** Ministry for Employment and Social Affairs

**Germany:** Federal Centre for Health Education (BzgA)

**Germany:** Federal Institute for Occupational Safety and Health

**Hungary:** National Institute for Health Development

**Ireland:** The Institute of Public Health in Ireland

**Iceland:** Public Health Institute of Iceland

**Italy:** Centro Sperimentale per l'Educazione Sanitaria (CSESI)

**Italy:** Regione del Veneto - Health and Social Affairs Department

**Latvia:** State Public Health Agency

**Lithuania:** Hygiene Institute

**Malta:** Ministry of Health

**Norway:** The Research Centre for Health Promotion (HEMIL)

**Netherlands:** Netherlands Institute for Health Promotion and Disease Prevention (NIGZ)

**Netherlands:** National Institute for Public Health and the Environment (RIVM)

**Poland:** National Institute of Public Health - National Institute of Hygiene

**Romania:** Institute of Public Health Iasi

**Scotland:** NHS Health Scotland

**Slovenia:** National Institute of Public Health of the Republic of Slovenia

**Slovenia:** Regional Public Health Institute Maribor

**Slovakia:** Regional Public Health Office in Trnava and Trnava University

**Slovenia:** University of Primorska - Institute for Health

**Spain:** Dirección General de Salud Publica, Ministerio de Sanidad y Consumo

**Spain:** Universidad de la Laguna

**Sweden:** Swedish National Institute of Public Health (SNIPH)

**Switzerland:** Health Promotion Switzerland

**Wales:** Wales Centre for Health

**EuroHealthNet**

**European** Federation of National Organisations Working with the Homeless (FEANTSA)

**European** Health Management Association (EHMA)

**European** Heart Network (EHN)

**European** Public Health Alliance (EPHA)

**European** Social Platform

**International** Union for Health Promotion and Education (IUHPE)

**Mental** Health Europe (MHE)

**Organisation** for Economic Cooperation and Development (OECD)

**Royal** College of Physicians UK

**WHO** Commission on Social Determinants of Health

**Department** of Epidemiology and Public Health, University College London

**WHO** Department of Health Systems Financing (Geneva)

**WHO** Regional Office for Investment for Health and Development.

## *Interested in learning more about DETERMINE and its outcomes?*


**See: www.health-inequalities.eu**

Disclaimer – this is a collective report agreed by the DETERMINE Consortium and any partner is naturally able to emphasise its views or elements of its work separately as it feels appropriate.