New&Updates

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This updating is dedicated to the presentation of the actions from our partners.

JAHEE Implementation Actions

Work Package 5

Germany: Estimation of area-based socioeconomic inequalities in mortality

The Robert Koch Institute (RKI) is the German national public health institute under the portfolio of the German Federal Ministry of Health, and is responsible for national health reporting and health monitoring. The implementation action (IA) is a methodological feasibility study which will analyse area-based socioeconomic inequalities in mortality across Germany, which traditionally lacks such data at national level. Germany does not have a national mortality register and the national census does not include a mortality follow-up or any possibility for mortality data linkage.

The overarching objective of the IA is to link the German cause-of-death statistics with an area-based index of socioeconomic deprivation, which was developed by RKI in 2017.

The COVID-19 pandemic and the RKI's role in pandemic response meant the project was adapted during the implementation phase. Instead of focusing on cause-of-death statistics, the focus was switched to COVID-19 surveillance data from the German database of notifiable infectious diseases.

This database does not cover any socioeconomic data either. Therefore, linking it to the area-based deprivation index was prioritised so that the project can contribute to new knowledge about social inequalities in the pandemic. The aim is to monitor area-based socioeconomic inequalities in SARS-CoV-2 infection rates throughout the epidemic in Germany. The first results have been published by Wachtler et al. (2020) and are available via open access: https://edoc.rki.de/handle/176904/6996.

The analysis included 186,839 laboratory-confirmed COVID-19 cases notified by mid-June 2020. The results show that, during the early stage of the epidemic up to mid-April, there was a socioeconomic gradient with higher infection rates in less deprived regions. From mid-April, the number of cases dropped considerably and the area socioeconomic gradient visibly flattened. Between mid-May and mid-June, no area socioeconomic gradient in infection rates was observed (see Figure). The analyses are currently being updated with more recent data to further monitor the socioeconomic patterns of the epidemic's second wave.
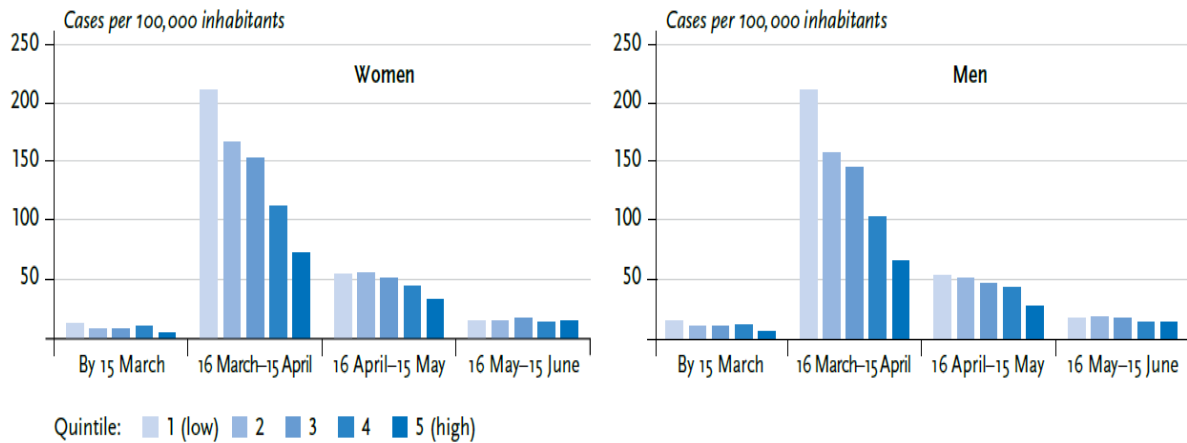
Figure. Age-standardised COVID-19 incidence in Germany by socioeconomic deprivation quintiles and notification period (Wachtler et al. 2020, Journal of Health Monitoring · 2020 5(S7).

Finland: Status report of national health inequality monitoring in Finland 2020

In Finland, the reduction of health inequalities between population groups is mentioned in political strategic programmes. Finland has extensive population-based data resources which are collected in surveys in the fields of health and social sciences. Together with data registers, these provide unique opportunities for systematic health inequality monitoring both at national and regional levels.

However, there is not yet a systematic monitoring system implemented to observe health inequalities among the population in Finland.

The Implementation Action (IA) "Status report of the national health inequality monitoring in Finland 2020" reviews the most relevant data sources and indicators for monitoring health inequality available in the country. It further suggests a plan for potential actions on how to build a systematic and sustainable health inequality monitoring system in Finland.

The IA includes a short literature review on health inequalities monitoring systems and current data and indicators available in Finland. This includes, for example, literature and case studies based on population survey, (such as FinSote Survey and FinHealth Survey), and national registers which include information on demographic and socioeconomic factors, and cause of death. The suggested plan of action is written in collaboration with the experts at the Finnish Institute for Health and Welfare (THL).

In December 2020, the report will soon be published by the Finnish Institute for Health and Welfare (THL).

Work package 6

Sweden: Guide for Healthy Urban Planning and Development

Most of the prerequisites for healthy living environments are planned and created outside the public health field, where the knowledge of health and what factors that contribute to health equity are limited. This Action will produce a guide for healthy urban planning and development, with a specific focus on health equity. The Guide for Healthy Urban Planning from Basque, Spain, will be a model for

the guide. The aim is to make sure that the planned content is in line with the needs of identified target groups. The Swedish Healthy Cities network is especially important in this work.

The "Guide for Healthy Urban Planning and Development is meant to support professionals who work on urban planning and development, and ensure that principles of health equity and values promoted under the Sustainable Development Goals are taken into consideration between and within administrative bodies.

At municipality level (and beyond) issues tend to be addressed in silos, lacking cross-sectoral collaboration. This is further aggravated by substantial differences between the 290 municipalities in Sweden, especially in terms of economic resources, priorities, demographics, size of the population, geographical location, political context etc. This heterogeneity affects the social determinants of health. The action aims to contribute to municipal health promotion and healthy living environments by spreading knowledge on how aspects of urban planning influence health in the population, and more specifically how the social determinants of health related to urban planning affect different groups in the society.

The action is carried out by the Public Health Agency of Sweden. The guide is planned to be published in May/June 2021, and during autumn 2021 different communication initiatives are planned to implement it in the target groups. For more information, please contact Emma Franzen at emma.franzen@folkhalsomyndigheten.se.

Work Package 9

Finland: Coaching two regions to tackle health inequalities multi-sectorally at regional level (by Tapani Kauppinen)

The upcoming reform of health and social services will transfer the responsibility of these sectors from the municipalities to the regions. Regions are expected to develop a welfare report and to set out goals and measures for the promotion of health and wellbeing, in cooperation with municipalities and NGO´s.

The Finnish Institute for Health and Welfare (THL) supported two regions to carry out their regional welfare report. Both regions have a regional welfare coordinator, a multisectoral regional Health Promotion Working Group and a Network of Municipal Welfare Coordinators. These groups and voluntary forums produced the drafts of the reports together. THL's support consisted in providing a series of advisory services to help regions to identify challenges and opportunities in developing multisectoral approaches to foster health inequality in their programmes.

THL also provided the two regions with concrete tools and material such as lists of health inequality indicators, a checklist for inequality self-assessment, phenomenon-based approaches to tackle health inequalities, and updated websites on health and welfare inequalities.

The welfare reports of both regions have been finalised and their implementation is about to begin. The principles of health equity have been acknowledged. However, although problems have been identified, there are difficulties in translating concerns into specific actions and goals.

Spain: **Building a methodology to support Health Impact Assessment (HIA) at the Valencian Community (by Carmen Barona, Rosa Mas, Rosana Peiro.** On behalf of ALES (Local action and equity in health) research group*)*

The objective of the implementation action is to promote to incorporate health equity approaches in local policies through the adaptation of "HIA tool Fem Salut?" (Are we doing health?) locally.

After a bibliographic review of experiences, methods, and instruments used for Health Impact Assessment locally and in different contexts, a checklist tool was drafted. The checklist was reviewed by a group of experts composed by public health professionals and municipal technical staff from different areas (health, urban planning, environment and social welfare). After finalizing the tool, a pilot study involving 6 different municipalities was carried out. The initiatives selected to be included in this project of the adaptation of the health impact assessment tool at the local level, had to comply that they were in the draft phase by the city council, and the eligible criteria by the research group were that these projects mainly had to be promoted from urban planning or environmental areas of the City Council. Finally, the checklist was implemented in two initiatives during two workshops in each municipality: a) one involving with the local technical staff and b) the other involving citizenship representatives

The integration of technical as well as citizens' perspectives led to changes in the terminology, to make it less technical and more understandable to citizens. Secondly, we noted the need emerged to modify how the tool should be managed, preferably using qualitative methodology Finally, the use of supporting questions and examples was very useful in facilitating the incorporation of health equity approaches. For example, to evaluate whether the local initiative favored accessibility to housing for the elderly, people with functional diversity, baby carriages, etc., the question was: "Does this initiative promote the elimination of architectural barriers, such as eliminating steps in the entrance of the house, or provide elevators in old buildings, etc.?

We have developed an adapted tool for HIA of local policies through a structured process with the capacity to adapt to the characteristics of the municipality, the nature of the intervention and the circumstances of decision-making. Citizen participation is a key element in evaluating the health impact of non-health policies. The local level offers a unique opportunity to incorporate it into the decision-making process.

United Kingdom/Wales: **Structures and Mechanisms for implementing Health in All Policies (by Cathy Weatherup and Sara Peacock)**

Public Health Wales (PHW) is the national public health agency in Wales, part of the National Health Service, and works to protect and improve health and well-being and reduce health inequalities for the people of Wales. The Health and Sustainability Hub ("the Hub") at PHW supports the organisation, and other public bodies in Wales, to apply the sustainable development principle and contribute towards the requirements of Wales' well-being goals, part of the country's groundbreaking Well-being of Future Generations Act (WFG Act).

The WP9 implementation actions from Wales are to share learning and experiences from Wales' embedding of the <u>Sustainable Development Goals</u> (SDGs) in national legislation and to investigate the applicability of tools developed for use in Wales to an international context. In early 2021 the Hub will be releasing a Sustainable Development toolkit, presenting learning and tools from Wales and further afield to help individuals, teams and organisations to develop and embed work towards the SDGs. As well as a wealth of information, the toolkit contains international case studies and practical tools, all in an attractive and user-friendly interactive pdf.

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