

# Making the link: **social inclusion** and health equity

The World Health Organization's **Commission on the Social Determinants of Health** (CSDH) has identified principles and recommendations to tackle health inequities: the factors responsible for avoidable health inequalities, which persist globally and in the European Union. This series of summaries, updated and expanded online at [www.equitychannel.net](http://www.equitychannel.net), introduces how those and other recommendations, as part of evidence based health promoting approaches, could be applied to a range of European Union legislations, policies and programmes. The aim is to improve international, national and local policies and practices within and beyond health systems, in order to promote better health and well-being for all.

## Why making the link matters

Social exclusion encompasses many dimensions, including income poverty, unemployment, access to education, information, childcare and health facilities, living conditions, as well as social participation. People at risk of social exclusion from society are more likely to die prematurely due to unhealthy lifestyles and poor living and working conditions.<sup>i</sup>

In its recommendations, the CSDH – and subsequent national reviews – demonstrates how a policy process aiming for social inclusion should include measures that will benefit health equity:

- Make full and fair employment and decent work a central goal;
- Improve the conditions in which people are born, grow, live and work;
- Empower all groups in society.<sup>ii</sup>

This builds on EuroHealthNet's reports on the link between health and social exclusion in the EU context. It clearly established the links between poverty, social exclusion and health inequalities while also demonstrating that the relations amongst the three concepts are often cyclical, compounded during the life course, and are, in many cases, passed on across generations.<sup>iii</sup> The report set out a series of key conclusions including:

- A greater focus should be placed on the local and the regional level;
- Future strategies for social inclusion should include national health equity targets;
- Promote and include Health Impact Assessment, Evaluation and Public Health Indicators.<sup>iii</sup>

The inclusion of these recommendations in EU policy making is needed now more than ever.



## The situation

The European Commission (EC) Directorate General for Employment, Social Affairs and Equal Opportunities, in the context of the European Year for Combating Poverty and Social Exclusion (2010), has highlighted that some 79 million Europeans live below the poverty line (set at 60% of their country's median income), which represents 16% of Europe's population.<sup>iv</sup>

The European Foundation for the Improvement of Living and Working Conditions (EUROFOUND) in its survey on 'Living conditions, social exclusion and mental well-being' found that unemployment and poor living conditions affect both social participation and social contact, which in turn impact on the quality of life of EU citizens.<sup>v</sup>

EUROFOUND has also demonstrated a significant disparity between European States, with higher levels of inclusion in the EU15 Member States and lower in the 3 Candidate Countries and 12 New Member States. In particular, citizens from Bulgaria, Croatia and Romania report the highest levels of exclusion, while citizens in Denmark, Norway and Sweden show the lowest levels of social exclusion on average.<sup>v</sup>

The WHO publication '*Social Determinants of Health: The Solid Facts*' highlights that the greater the length of time that people live in disadvantaged circumstances, the more likely they are to suffer from a range of health problems, particularly cardiovascular disease.<sup>i</sup> A report by *HealthQUEST*, an EC funded project coordinated by the European Health Management Association (EHMA) found that difficulties in accessing healthcare are compounded by poverty and social exclusion, and that people with disabilities, chronic illnesses or unable to afford health care may be at particular risk.<sup>vi</sup>

Furthermore, the WHO asserts that as well as the direct effects of being poor, health can also be compromised indirectly by living in neighbourhoods blighted by concentrations of deprivation, poor quality housing, limited access to services and a poor quality environment.<sup>i</sup> The work of Friedli and others on resilience, equity and well-being provides important knowledge on these issues.<sup>vii</sup>



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## Setting an example

**“Promoting Social Inclusion and Tackling Health Inequalities in Europe”**, published from an EC co-funded project led by NHS Health Scotland and coordinated by EuroHealthNet, highlighted programmes that encourage social inclusion through health promoting activities. For example:

- Education for Integration in Latvia: aimed to develop sustainable opportunities for people representing national minorities and to promote their participation in labour markets.<sup>viii</sup>

**DETERMINE**, a DG SANCO co-funded and EuroHealthNet coordinated project, has reported on aspects of Health Inequalities and Social Determinants of Health, including work on social inclusion. Numerous strategies are mentioned that focus on social inclusion. For example:

1. In Ireland, the National Action Plan for Social Inclusion takes a life-cycle approach (Children/ People of Working Age/ Older People) with further sections devoted to ‘People with Disabilities’ and ‘Communities’.
2. Employment Strategies: A range of measures have been put in place in Slovenia to encourage labour market participation among disadvantaged groups including women, older workers, disabled people and migrants.

**The European Federation of National Organisations working with the Homeless (FEANTSA)** has reported on strategies that have been put in place across European countries with the aim of reducing homelessness. For example: In Finland, the government implemented a programme to reduce long-term homelessness. The programme has two main objectives: to halve long-term homelessness by 2011 and develop more effective measures to prevent homelessness. The programme will increase the number of places in care by around 1,000-1,200 and create social, health and rehabilitation services for the worse-off groups.<sup>ix</sup>

## Pathways to progress

Article 2 of the EU Treaty commits the EU to combating social exclusion, and Article 9 contains a “social clause” whereby social issues, promotion of a high level of employment, the guarantee of adequate social protection, the fight against social exclusion, and a high level of education, training and protection of human health, must be taken into account when defining and implementing all policies. This article requires the mainstreaming of social issues throughout the EU’s policies, extremely important in the context of tackling the social, economic and environmental determinants that lead to social exclusion. Art. 34(3) of the EU Charter of Fundamental Rights,<sup>1</sup> now incorporated within the Treaty, also recognises the right to social and housing assistance.

The EU Social Protection and Social Inclusion Strategy addresses social inclusion by using the Open Method of Coordination. Although social inclusion policies are the responsibility of national and local governments the EU has played a role in encouraging Member States to set common targets, and to share best practices and plans as to how they will achieve these benchmarks. National Action Plans<sup>x</sup> on social inclusion and social protection are also produced under the Lisbon Strategy – to be replaced in 2010 by Europe 2020: A European strategy for smart, sustainable and inclusive growth. A key priority for this new strategy is to ensure social inclusion alongside economic growth - fostering a high-employment economy delivering both social and territorial cohesion throughout Europe. In order to achieve this, the European Commission has set quantitative targets including reducing the number of Europeans living below the national poverty lines by 25% by 2020.<sup>xi</sup>

1 The UK, Poland and Czech Republic have opted out of the EU Charter of Fundamental Rights

## Additional Information

- **Closing the gap in a generation.** Report of the World Health Organization Commission on the Social Determinants of Health.
- **DETERMINE** - [www.health-inequalities.eu](http://www.health-inequalities.eu)
- **Second European Quality of Life Survey: Living conditions, Social Exclusion and Mental Well-being.** The European Foundation for the Improvement of Living and Working Conditions (EUROFOUND), 2010.
- **Directorate General for Employment, Social Affairs and Equal Opportunities.**
- **Social Platform** - [www.socialplatform.org](http://www.socialplatform.org)
- **European Anti Poverty Network** - [www.eapn.eu](http://www.eapn.eu)
- **Health, poverty and social inclusion in Europe. Literature review on concepts, relations and solutions.** EuroHealthNet, 2003.
- **Health and Social Inclusion in the EU: the value of trans-national exchange,** EuroHealthNet, 2005.
- **Promoting Social Inclusion and Tackling Health Inequalities in Europe, an overview of good practices from the health field,** EuroHealthNet, 2004.
- **HealthQuest - Quality in and Equality of Access to Healthcare Services.**
- **Mental health, Resilience and Inequalities.** WHO Europe, 2009.
- **Fair Society, Healthy Lives – Strategic Review of Health Inequalities in England Post 2010**
- **Europe 2020: A European strategy for smart, sustainable and inclusive growth**

## Contacts

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## Sources

- <sup>i</sup> Social determinants of Health: the Solid Facts. Wilkinson, R. and Marmot, M., P 16, 2nd Edition, WHO, 2003.
- <sup>ii</sup> Closing the gap in a generation. Report of the World Health Organization Commission on Social Determinants of Health, Geneva, 2008.
- <sup>iii</sup> Health, poverty and social inclusion in Europe. Literature review on concepts, relations and solutions. Costongs, C. and Stegeman, I., 2003.
- <sup>iv</sup> European Year for Combating Poverty and Social Exclusion - <http://ec.europa.eu/social/main.jsp?langId=en&catId=637> <<http://ec.europa.eu/social/main.jsp?langId=en&catId=637>>
- <sup>v</sup> Second European Quality of Life Survey: Living conditions, Social Exclusion and Mental Well-being. The European Foundation for the Improvement of Living and Working Conditions (EUROFOUND), 2010
- <sup>vi</sup> Quality in and Equality of Access to Healthcare Services. European Commission, Directorate-General for Employment, Social Affairs and Equal Opportunities, 2008.
- <sup>vii</sup> Mental Health, Resilience and Inequalities. Dr. Friedli, L. WHO Europe, 2009.
- <sup>viii</sup> Promoting Social Inclusion and Tackling Health Inequalities in Europe, an overview of good practices from the health field. Stegeman, I and Costongs, C., 2004.
- <sup>ix</sup> Policies and Actions Addressing the Social Determinants of Health Inequalities. Examples of Activity in Europe. DETERMINE Working Document No. 1., Lavin, T. & Metcalf, O., Institute of Public Health In Ireland & EuroHealthNet, Brussels, 2008.
- <sup>x</sup> Programme to reduce long-term homelessness, 2008-2011. Finnish Government, 2008. [http://www.feantsa.org/files/freshstart/National\\_Strategies/Reducing\\_LongTermHomelessness\\_2008\\_Finland.pdf](http://www.feantsa.org/files/freshstart/National_Strategies/Reducing_LongTermHomelessness_2008_Finland.pdf) <[http://www.feantsa.org/files/freshstart/National\\_Strategies/Reducing\\_LongTermHomelessness\\_2008\\_Finland.pdf](http://www.feantsa.org/files/freshstart/National_Strategies/Reducing_LongTermHomelessness_2008_Finland.pdf)>
- <sup>xi</sup> Directorate General for Employment, Social Affairs and Equal Opportunities : EU Coordination to improve social welfare - <http://ec.europa.eu/social/main.jsp?catId=750&langId=en> <<http://ec.europa.eu/social/main.jsp?catId=750&langId=en>> -
- <sup>xii</sup> European Commission., Europe 2020: A strategy for smart, sustainable and inclusive growth. COM(2010) 2020