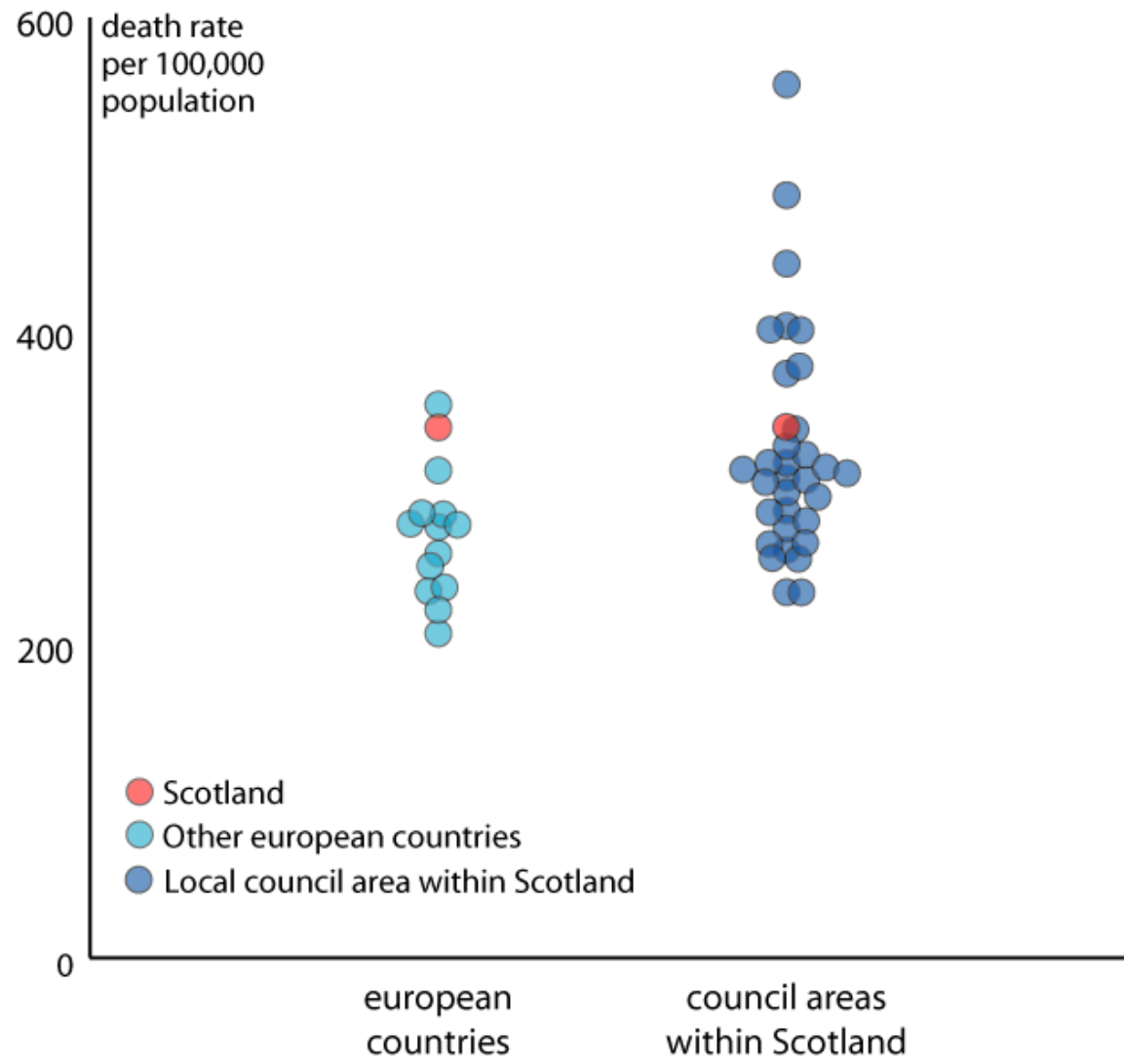


**What is needed by  
the EU to effectively  
address equity in  
health at the local  
and regional level?**

Prof Carol Tannahill  
Director  
Glasgow Centre for  
Population Health



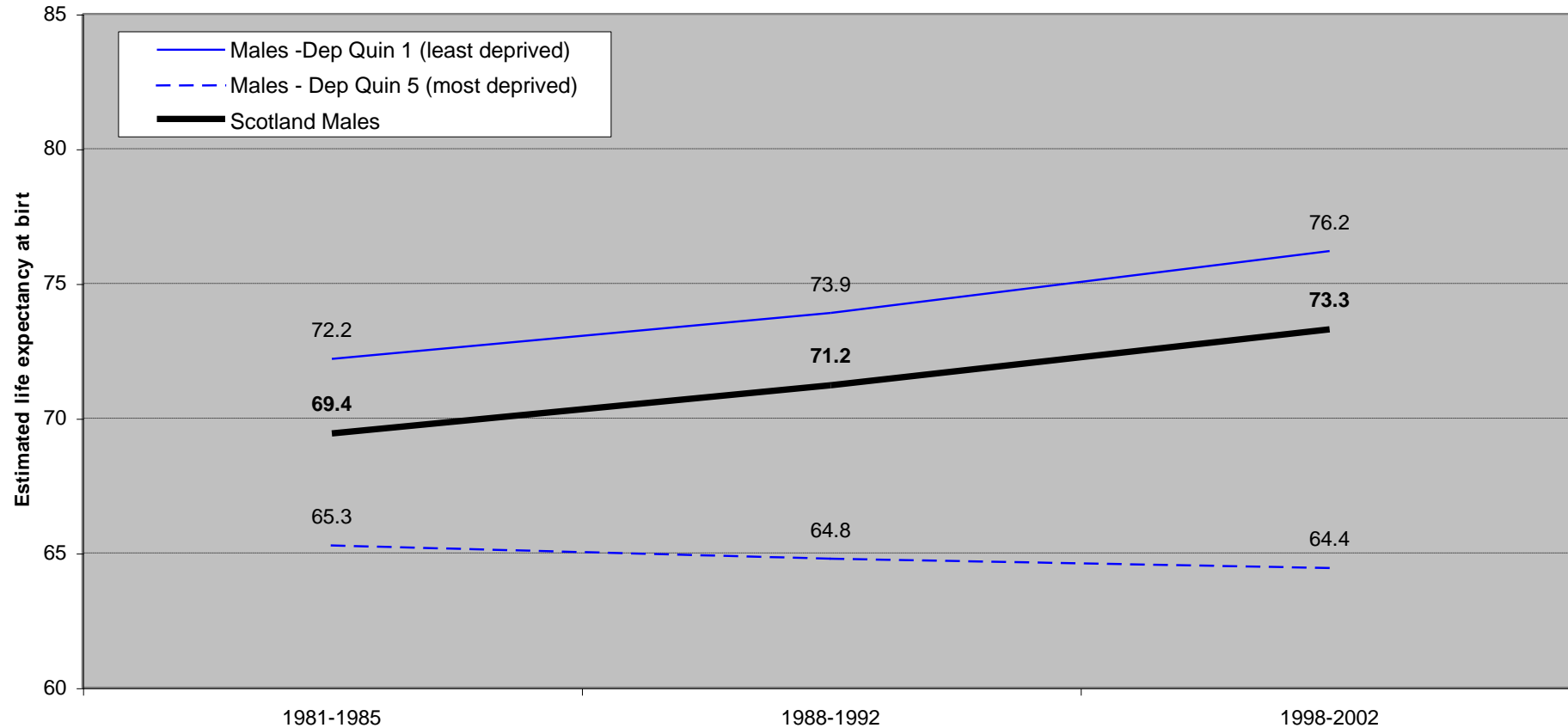
# All cause death rates, Men 0-64, 2001 (Leyland et al, 2007)



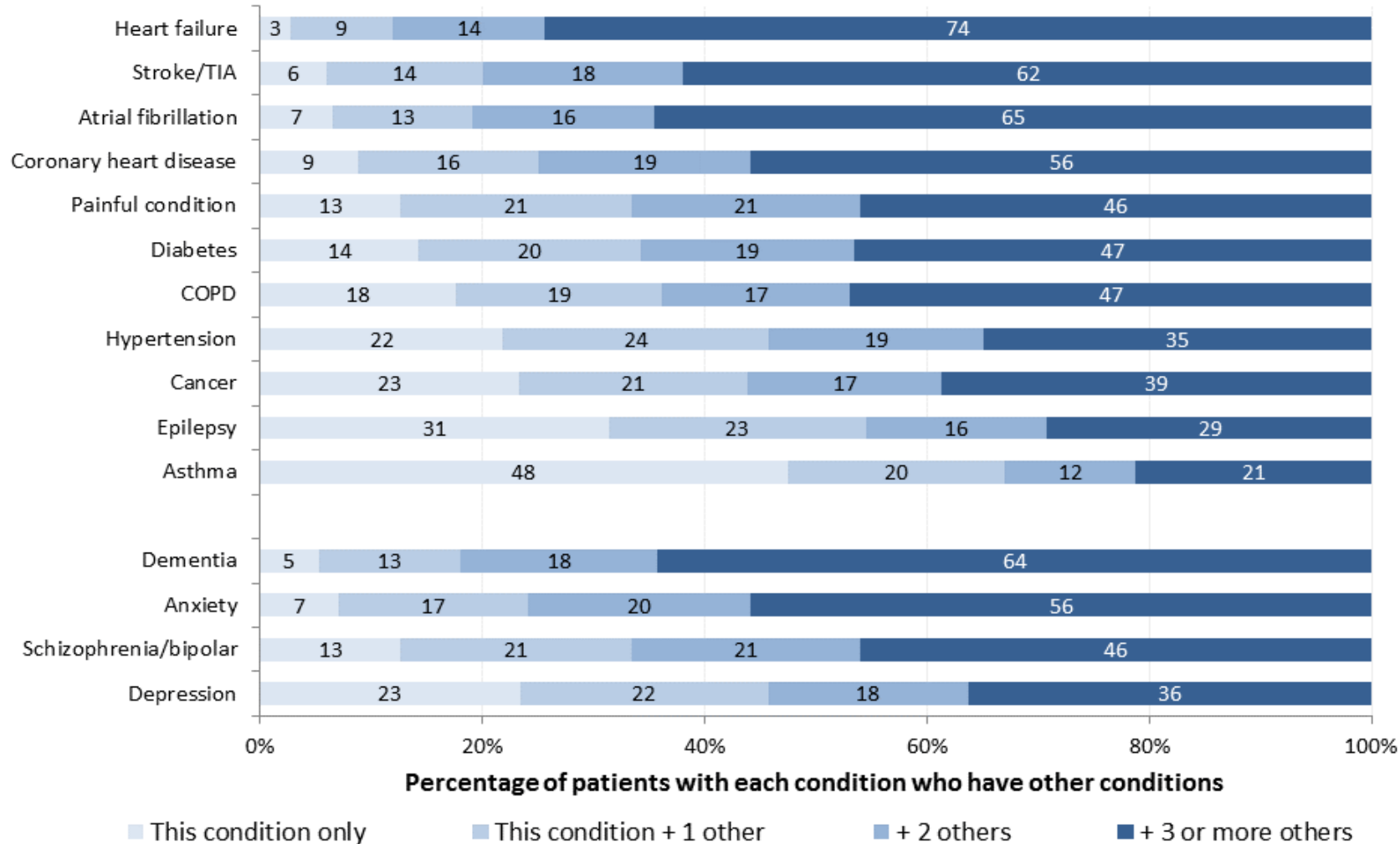
# Life expectancy trend by deprivation

Estimates of male life expectancy, least and most deprived Carstairs quintiles, 1981/85 - 1998/2002 (areas fixed to their deprivation quintile in 1981)  
Greater Glasgow

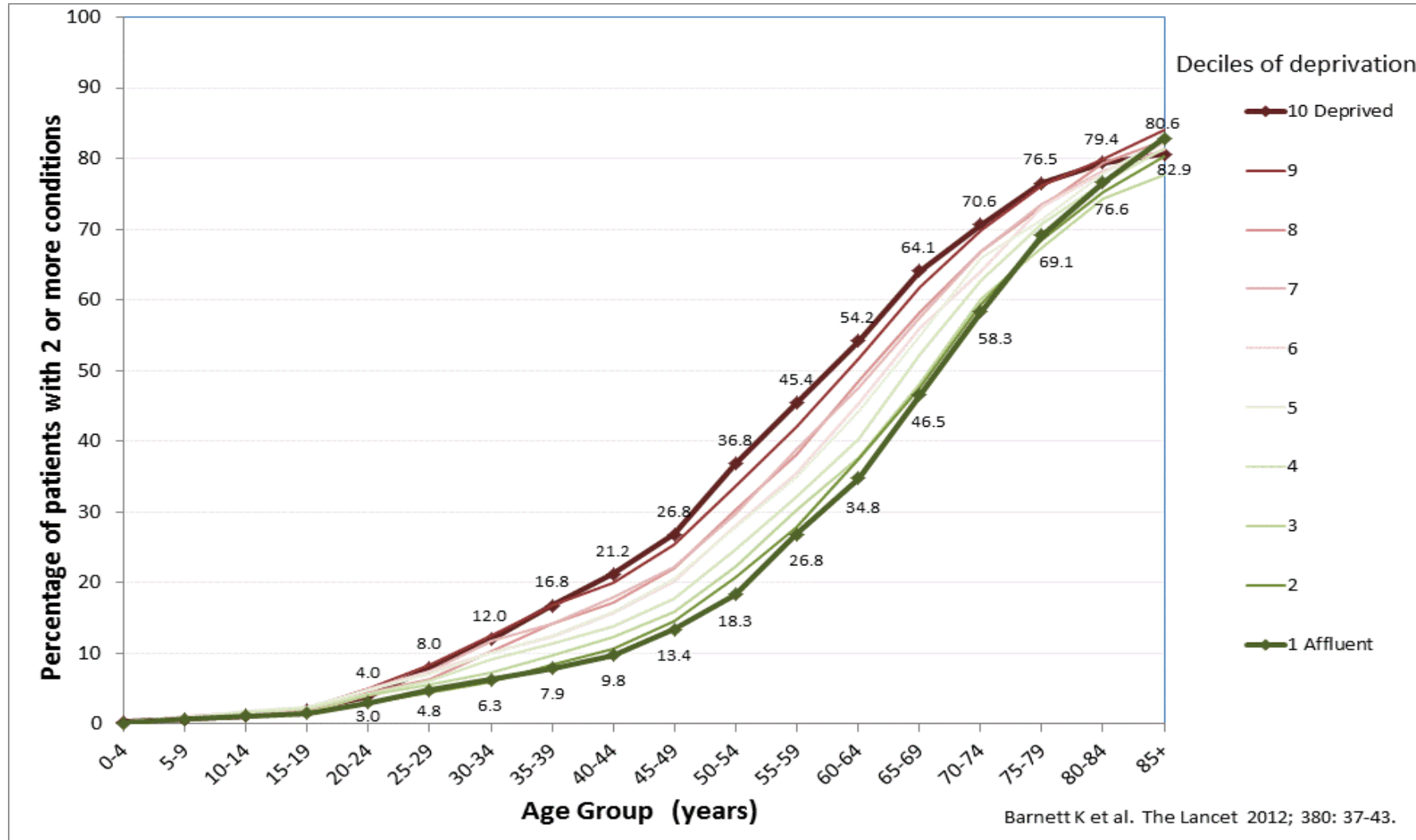
Source: calculated from GROS death registrations and Census data (1981, 1991, 2001)

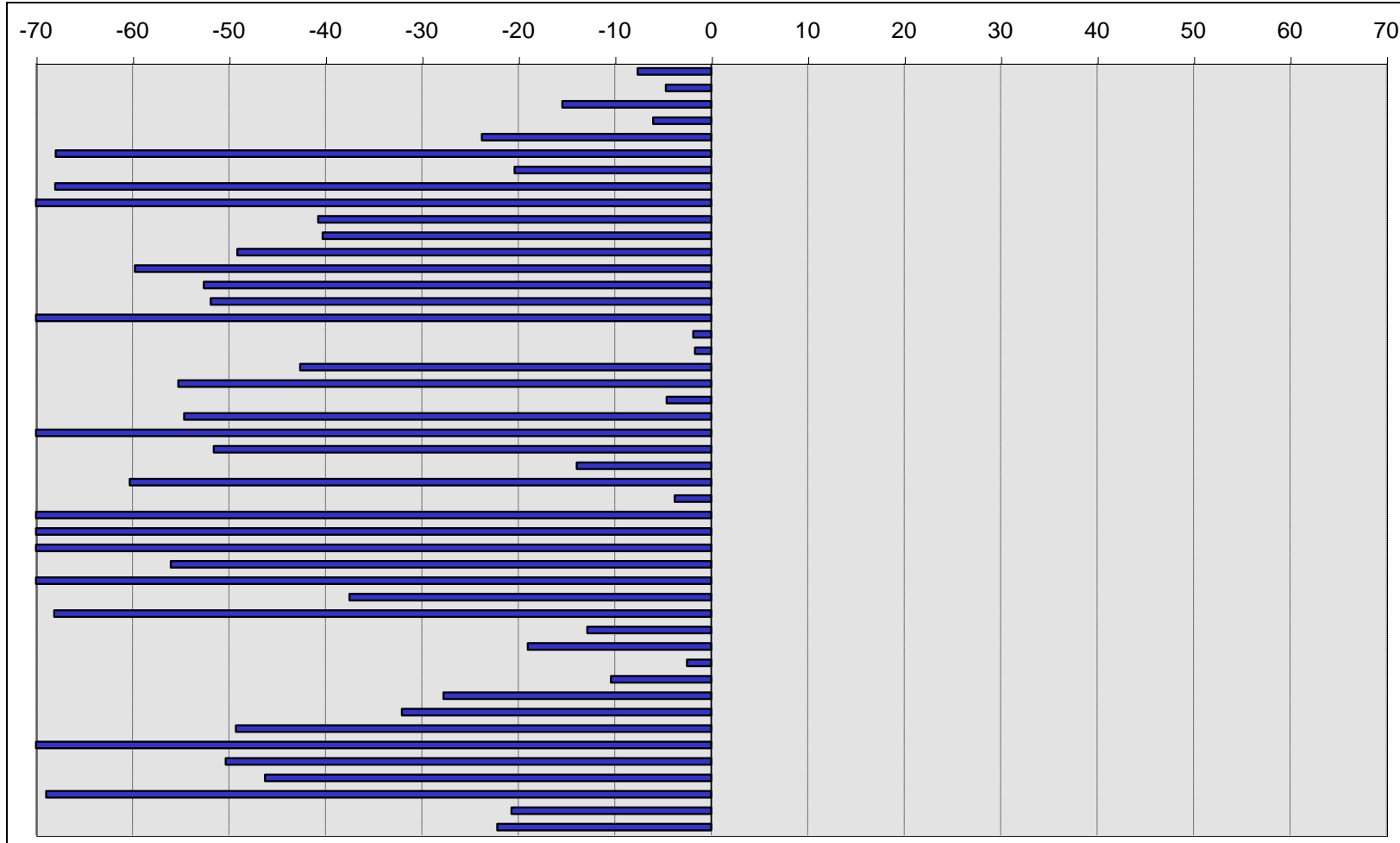


# Most people with any long term condition have multiple conditions in Scotland



# People living in more deprived areas in Scotland develop multimorbidity 10 years before those living in the most affluent areas







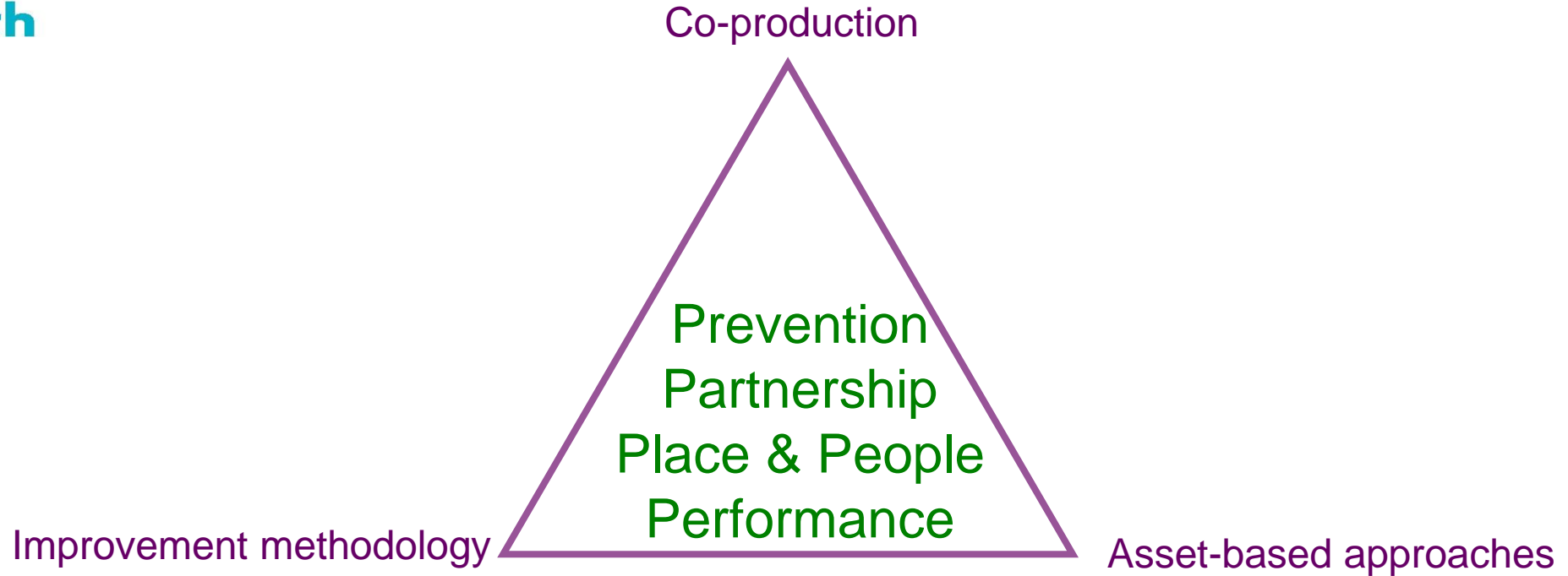
# Types of response

- Neo-materialist responses: focus on the tangible circumstances faced by (sub)populations – such as economic circumstances, environmental quality, employment conditions.
- Individual-level support: focus on life skills and life styles – includes support for behaviour change, employability programmes, mentoring support.
- Psychosocial pathways: operate over and above material and behavioural risk factors – components include childhood experiences, social support and social comparisons, the biology of inequality.
- Wider cultural factors, societal attitudes and values



# The Scottish Approach to reducing inequalities

- 2007: Ministerial Task Force on Health Inequalities (Equally Well) – core focus on biological basis
- Thereafter integration with early years strategy and anti-poverty strategy
- 2012: reconvened to review progress; a lot of commitment, but scale of inequalities had not reduced – reviewed evidence and implications
- Reported in March 2014: priorities included focus on social capital, working with Community Planning Partnerships, young adults, and place standards
- More generally, new approach to public service reform



# Structural Funds and health inequalities - Scotland

- Involvement in *Equity Action* – regional case study (governance theme); review of use of Structural Funds
- Scottish Government is Managing Authority; for 2007-13 ESF allocation, Community Planning Partnerships identified as means to achieve more strategic use
- Evaluation indicated this gave a strong focus on social inclusion
- Public health and health promotion themes did not directly feature in the 2007-13 Operational Programmes but determinants of HIs did

# Structural Funds and health inequalities - Scotland

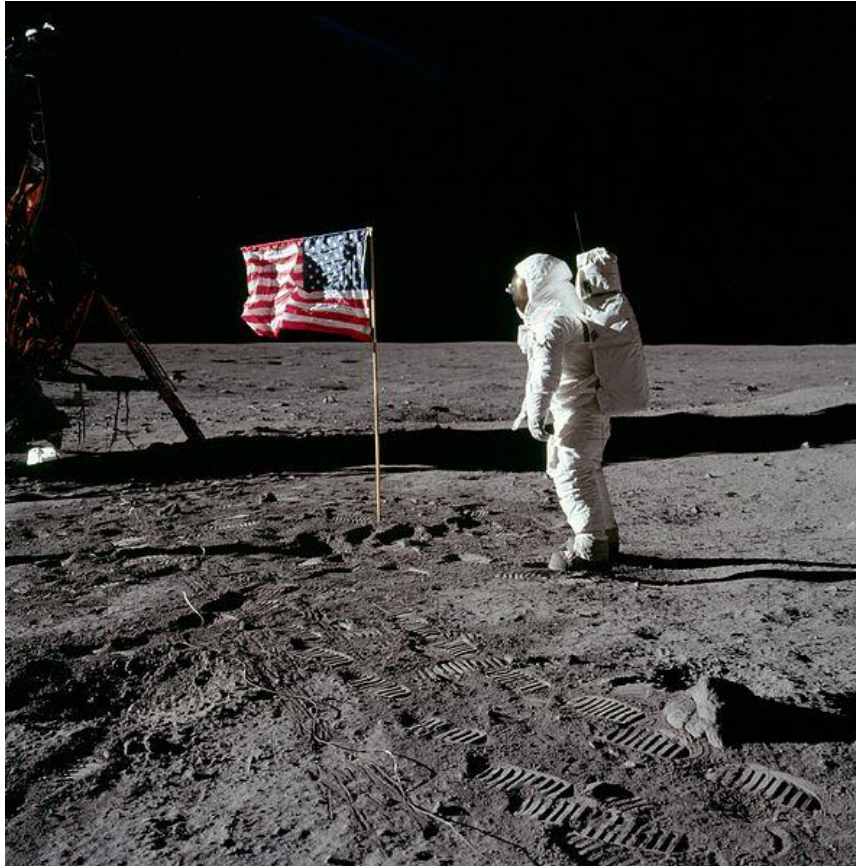
- Structural funds – use to address health inequalities was implicit
- For 2014-2020, need to raise awareness; health sector now represented on planning group for 2014-2020 funding round
- Evaluations have provided a better understanding of the processes and priorities, and the potential for structural funds to be used to lever in other resources.

# Local perspective

- Support for the different types of response – beyond the material and behavioural?
- Role of intermediary budget holders – helps with flexibility, dealing with bureaucracy and ‘fit’ with local strategic context
- Matched funding approach fits well with action on health inequalities: including other partners in the mix
- Reinforcement of eg poverty as a pan-European issue



**10  
TONNES OF FOOD IN EUROPE  
IS WASTED EVERY YEAR**



With social interventions:

there is no single method or formula  
what is done and achieved will vary  
from case to case

routinisation often hinders performance  
flexibility, responsiveness, and context-  
specific approaches are essential

Buzz Aldrin, the first moonwalk, 1969

# Two fundamental questions about the non-financial support

- Given that history as well as current contexts impact both (i) what we can/should do at local level, and (ii) what effects those actions will have, how do we translate evidence from local action across countries?
- What sort of learning, resources and evidence are useful - given the range of health, welfare, education, government systems across the EU?