

“Taking into account the socio-economic  
determinants in environmental health policies”  
Examples from DETERMINE

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[www.eurohealthnet.eu](http://www.eurohealthnet.eu)



Présidence belge du Conseil de l'Union européenne



## DETERMINE Facts

EU Consortium of 30 bodies to act on the Social Determinants of Health & 20 partners

Period: 2007- 2010

Coordinator: EuroHealthNet (and 5 WP leaders)

Contract holder: Czech National Institute of Public Health

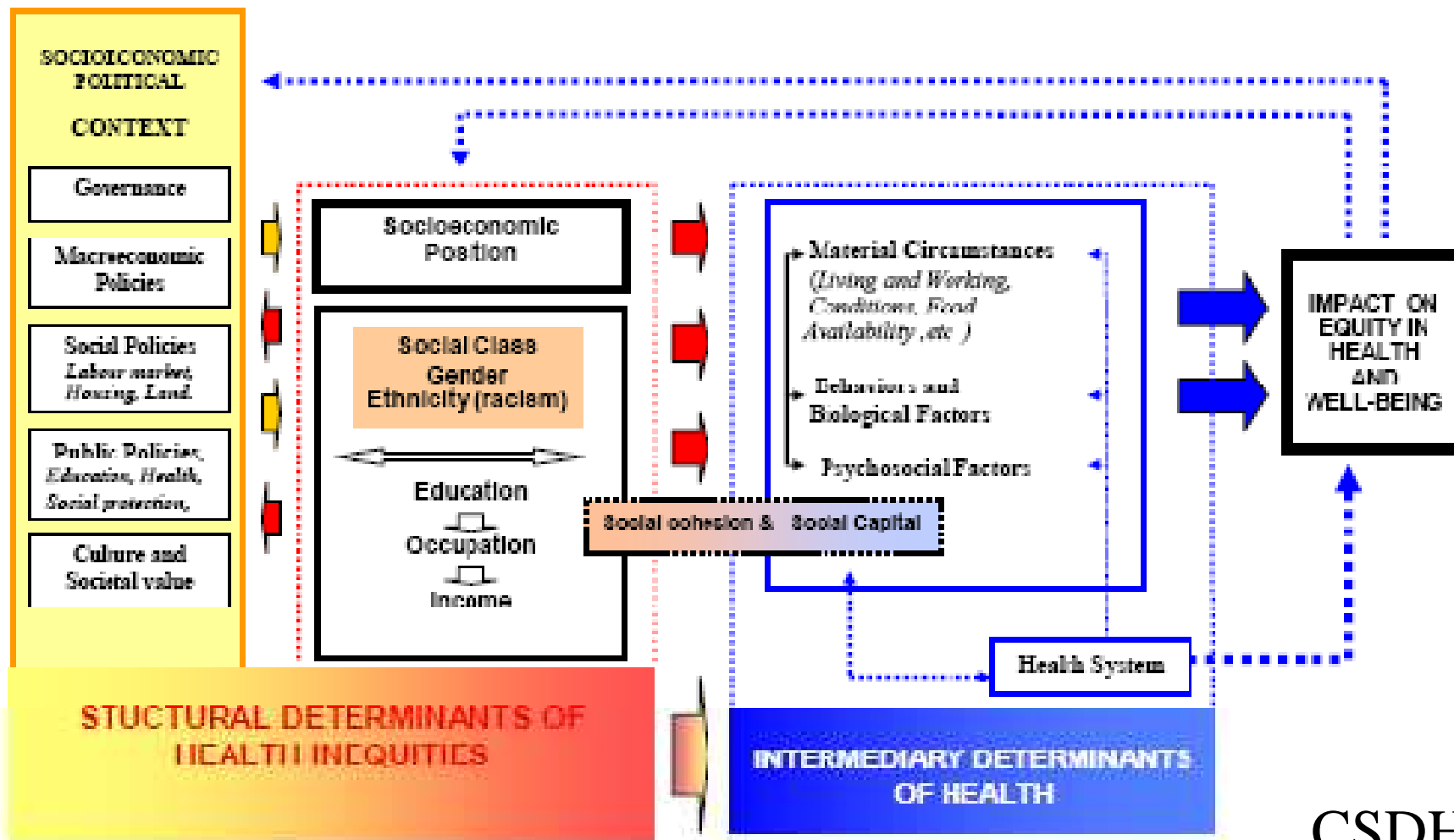
Co-funder: European Commission DG SANCO

Results at: [www.health-inequalities.eu](http://www.health-inequalities.eu)



# Determinants of health:

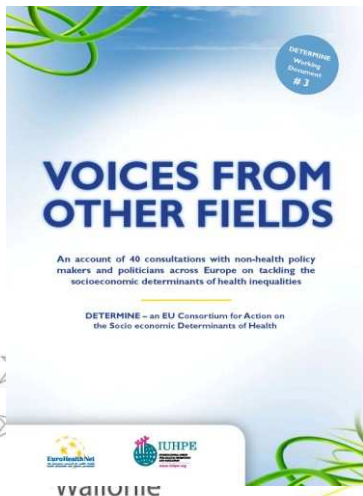
= the full set of conditions in which people live, work and play



# DETERMINE

We collected and analysed:

- **Examples of policies that address SDHI (and innovative practice)** - not many from sectors such as justice, finance, foreign affairs, trade. For environment i.e. Scotland's Sustainable Development Strategy (HI & area regeneration)
- **Examples of mechanisms that facilitate cross sectoral work** – impact assessments (health/equity) or SEA (environmental), OMC
- **Examples that show the cost-effectiveness of HiAP**
- **Good Practice Database n>100!**
- **Consultations with 40 policy makers from non-health sectors**

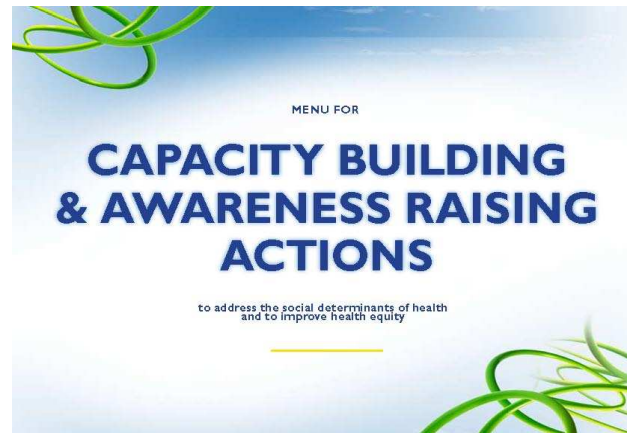


- ad hoc cooperation & not on HI *per se*
- no knowledge of gradient
- mandates needed to cross sectors

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# DETERMINE: Take action and build capacity

With a “menu of activities and tools” we encouraged DETERMINE partners to increase their capacity to work on the SDHI.



*Activities such as:*

- CB plan** on SDH for PH-HP organisations (in Belgium, Slovenia)
- Training courses** on SDH (in Estonia, Italy, Poland, Spain, Wales)
- Tools and guidelines** for partnership working (in Germany, NL)
- High level event and conferences** (Hungary, Czech Republic)

# DETERMINE: Our Key Messages

Put SDHI at the forefront of the policy agenda

Make clear that the health gradient affects all groups of society

Collect SDHI data that is understandable, comparable and actionable

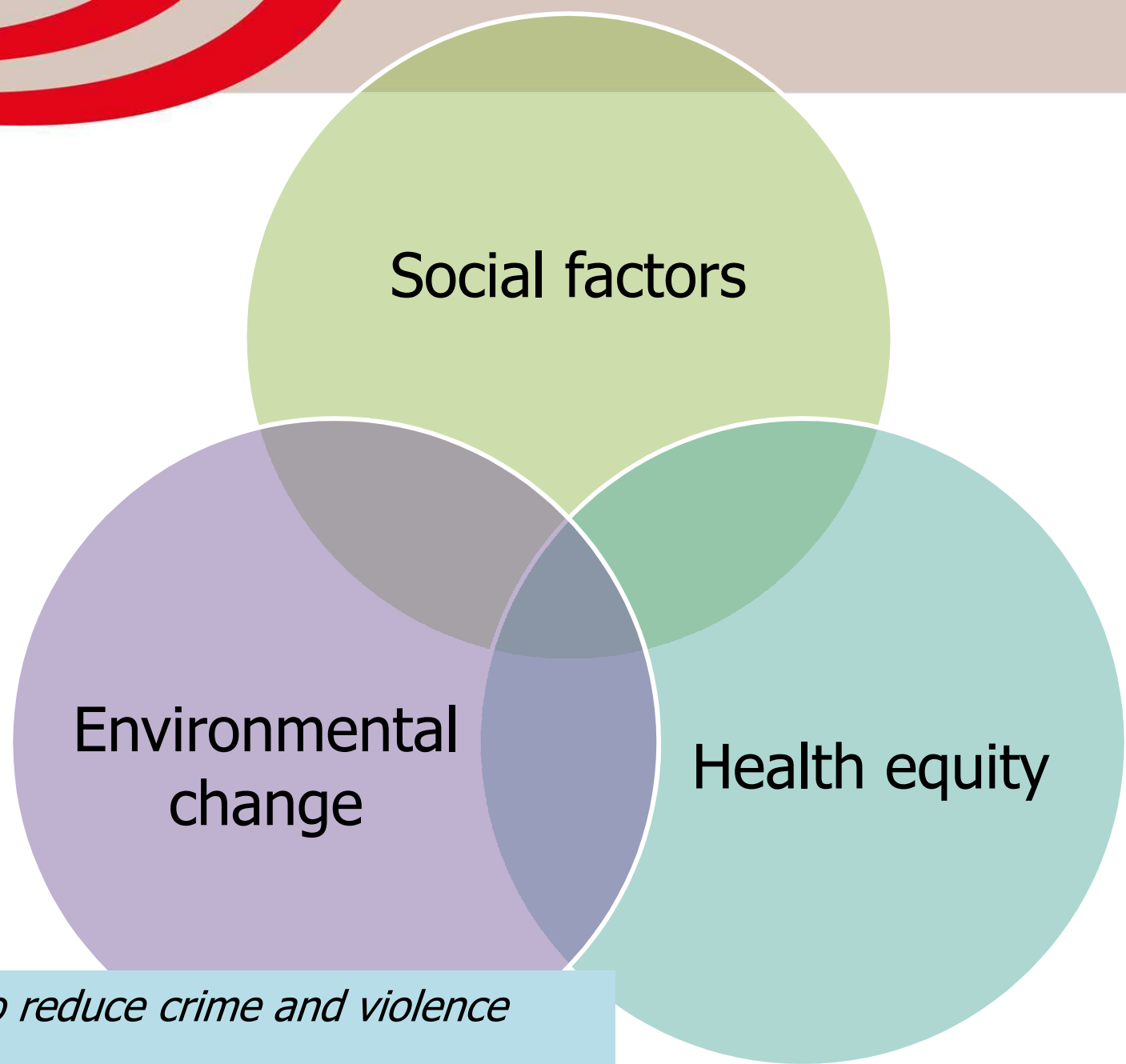
Develop legislation, reorient workforce and resource base for SDHI approaches

Invest and systematically apply impact assessments, economic analysis and policy evaluations

Support local level actors in addressing SDHI

Continue EU support for cross-sectoral action, capacity building and public engagement





*Environmental design to reduce crime and violence*  
*Prioritize cyclists and pedestrians in urban planning*  
*Social housing and green recreational areas*  
*Indoor air quality and ventilation projects in schools*

# 1. Environment Task Force - Norway

- Part of 10 yrs, 12.5 million euro, cross-sectoral healthy living programme in Oslo
- Aim: to employ people facing low SES, drug abuse / school drop out Mental health issues (n=300; success rate 50%)
- Keep streets clean from rubbish, graffiti; helping older people, carpentry etc
- Unit for sustainability (LA21): community centre, green recreation areas





## 2. Roma Community Project - Hungary

- Roma participatory community project in Debrecen
- Aim: improve housing and living conditions
- Address environment-polluting and health-damaging behaviour (burning rubber and plastic, disposing human/animal waste)
- Multiple stakeholders project contributed to success



### 3. Work wise initiative - England



Aimed at: unemployed people in Birmingham area

Provision of free travel passes for interviews & during first 3 months of a new job.

Over 7,000 one day passes for interviews and 10,000 passes for people to attend jobs.

More than 90% of users said the scheme had made significant impact on their life.

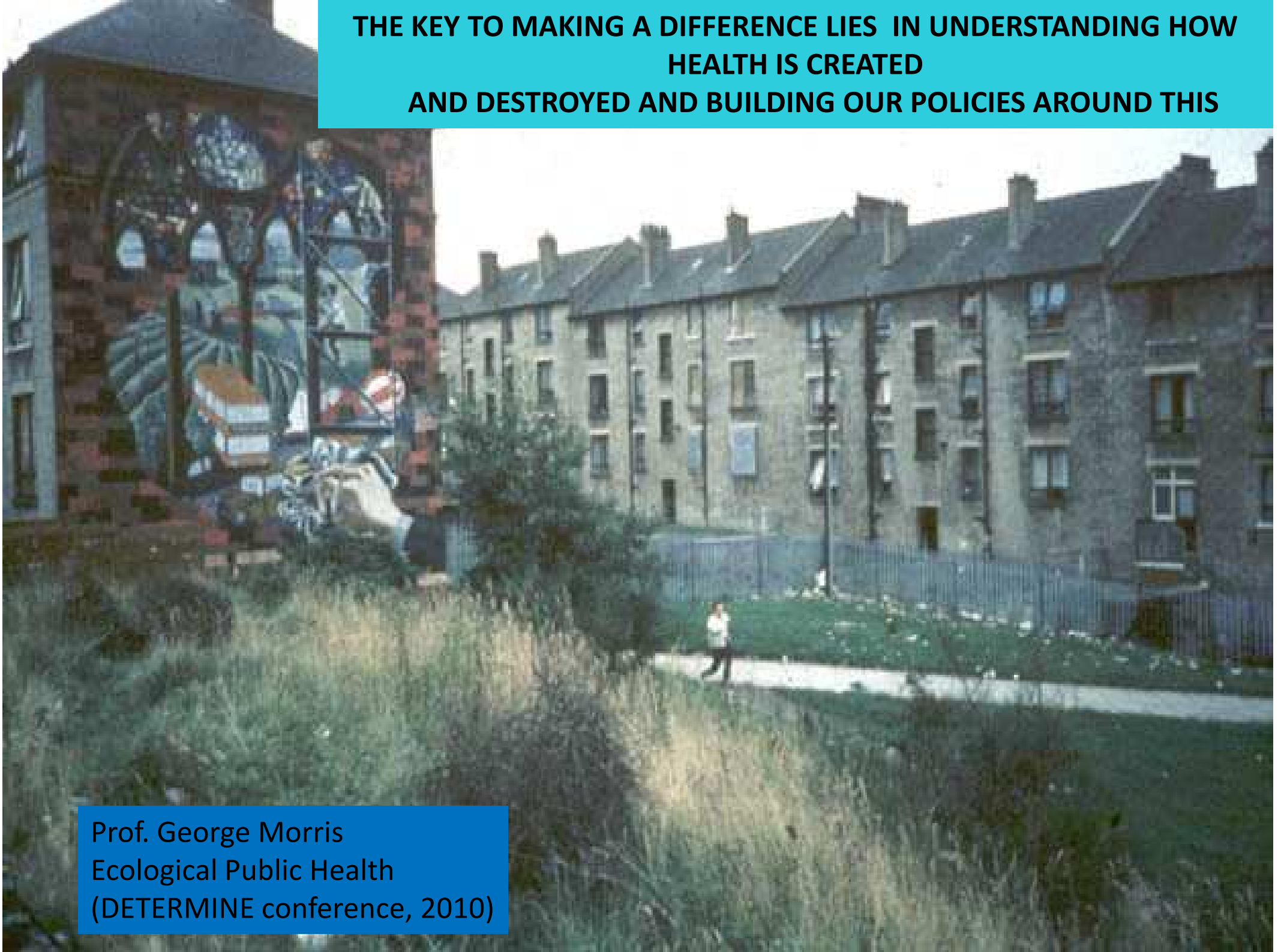


# For further discussion...

1. Health inequality and environmental change produce significant economic and human costs: action needed now!
2. Small projects are useful, but scaling up is crucial to ensure real impact on health inequalities and the environment.
3. Social factors, environment and health equity are interrelated. More research and evaluation is needed to understand complex interactions and provide evidence.
4. Health and equity should be part of EIA / SEA (strategic environmental assessments) Directives.
5. The uneven progress across EU countries to deal with HI and environmental health should be tackled by i.e. sharing good practice / working together.



**THE KEY TO MAKING A DIFFERENCE LIES IN UNDERSTANDING HOW  
HEALTH IS CREATED  
AND DESTROYED AND BUILDING OUR POLICIES AROUND THIS**



Prof. George Morris  
Ecological Public Health  
(DETERMINE conference, 2010)