



# Health Profiles in Norway and Latvia

Reducing health related social and gender inequalities and barriers to social and economic participation. Evidence based local policies, interventions and empowerment planning.

Presentation at 5<sup>th</sup> Annual ICN Conference - 29-30 November 2012, *“Regions of Tomorrow: Developing Attractive and Sustainable Regions through Change, Entrepreneurship and Cutting Edge Infrastructure”*

*Progress VP 2010/0783 A project supported by the EU*

*Programme for Employment and Social Solidarity – PROGRESS (2007-2013) and managed by the Directorate-General for Employment, social affairs and equal opportunities of the European Commission*





# Project outline

## A. Core activities

1. Documentation
  - a) A questionnaire survey to collect data on health related social inequality in health, health related participation and social exclusion, determinants of healthy aging and health inequalities
  - b) Inventory and analyses of existing policies, structures, interventions and measures for tackling inequalities in health, primarily on regional and local levels
2. Interventions
  - a) Development of a catalogue of and consensus building around interventions and policies to tackle inequalities in health in the areas of focus
  - b) Establishing of, input from and sustaining an inequality expert group
  - c) Development of capacities and training of empowerment planning and communicative planning
3. Dissemination of information and results from the project
4. Coordination, evaluation and reporting.

## B. Related activities, model activities

1. Fler Freske Folk
2. Sector screening





## ***PROGRESS programme***

- Financed by EU employment and social solidarity programme
- Contributes to support MS commitments and efforts to create more and better jobs and build a more cohesive society
- Aiming at supporting the attainment of EU objectives in employment, social affairs and equal opportunities (Social Agenda, Decision No 1672/2006)





## ***Specific aim of the call***

- Support to national/regional authorities to strengthen policies to address health inequalities
  - To improve knowledge of health inequalities, incl. its extent and determinants
  - To develop/plan strategies to tackle/reduce health inequalities including building capacity
  - To monitor the implementation of such strategies
  - To assess and evaluate such strategies





# Uses of health profile data

- Creating visibility and awareness of health
- Political decision making
- Prioritization and allocation of resources: where is a need for further investments in human capital and health
- Targeting of interventions: where and in which population segments should be invested
- Where are the biggest potential for change and development: where the biggest differences are identified when countries, regions, municipalities, population groups and social classes are compared
- When repeated: for assessment of whether changes are in the right direction





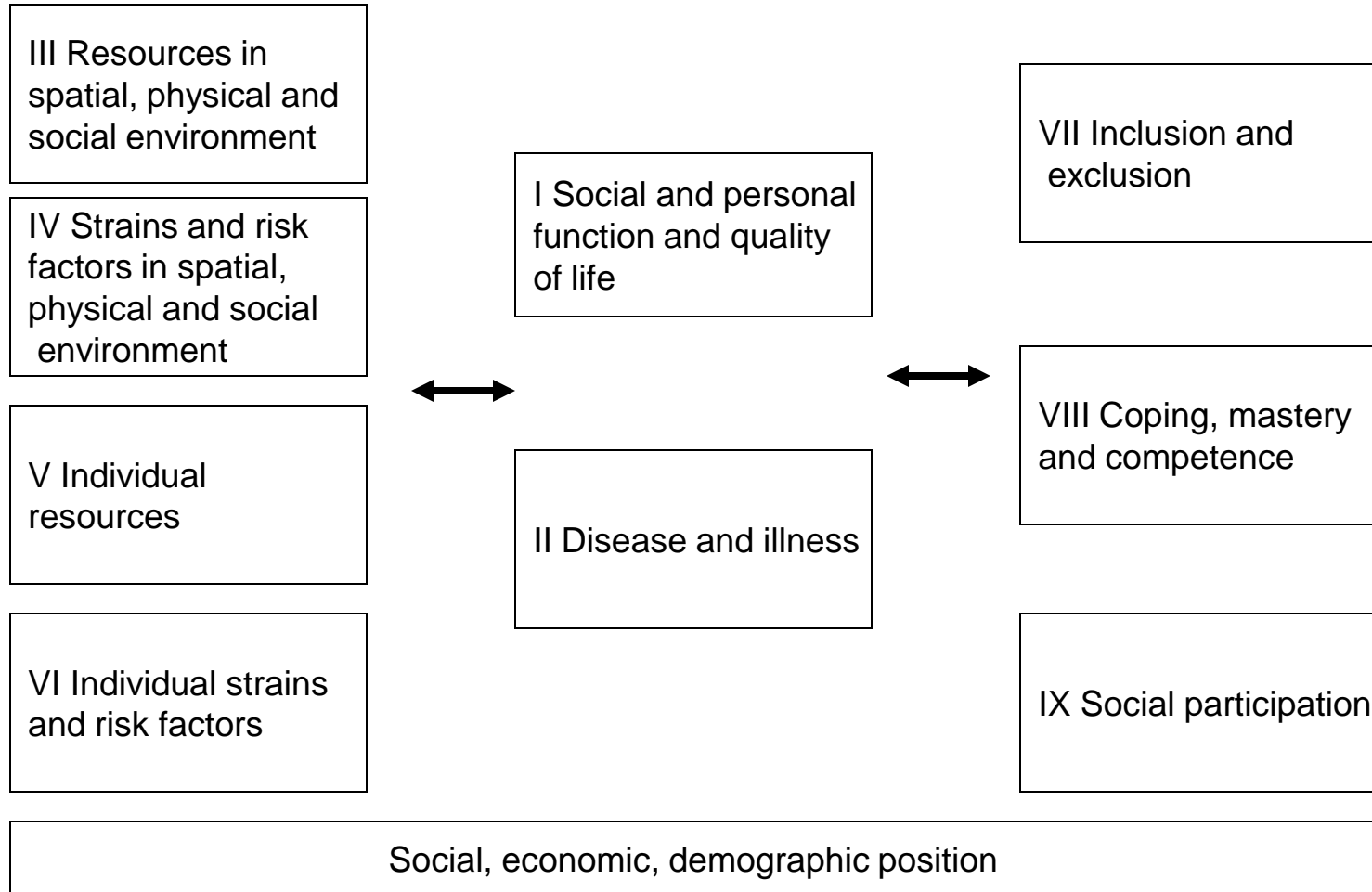
# ***Aspects of social differences in health***

- Some groups lag behind others in health development
- Resulting in differences between social groups or classes regarding
  - Mortality
  - Disease
- Determinants of health and disease
  - Consequences of disease and poor health
- Differences indicate potential for improvement and health benefits
- Differences indicate potential for gainful investments and economic returns if they are levelled





# The HEPRO Survey Model





# Survey activities - Norway

- Data which are not available from other sources
- Data have been collected among **17440** citizens – self administered questionnaire – mail and internet; 38,3%
- Data from all 18 municipalities in Østfold Fylke
- All municipalities have received 2 reports with results to feed discussions, policy making and planning
  - Focus of 1st reporting: social, gender and age differences: differences indicate potential for change and improvement
  - A final report to EU for all municipalities in development focusing participation







# Survey activities in Latvia

- Data collection in 8 municipalities – **4167** face-to-face interviews
- Response rate: 70.8%
- Reports to each municipality
- A final report to EU for all municipalities in development focusing participation





# The presentation of survey results illustrate the target themes of the project

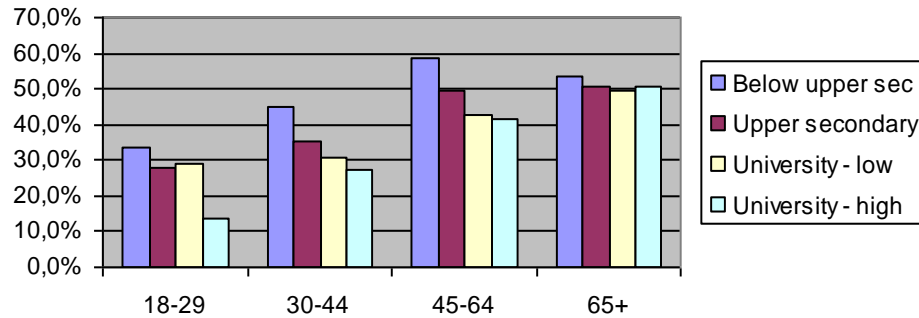
- The impact of educational qualifications
- Health and labour market position and participation
- Healthy and unhealthy ageing
- Gender differences



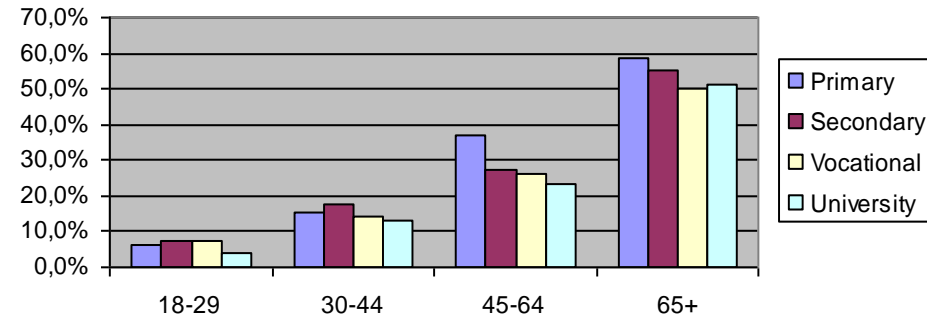


# Longstanding illness, age and educational level

### Longstanding Illness NO

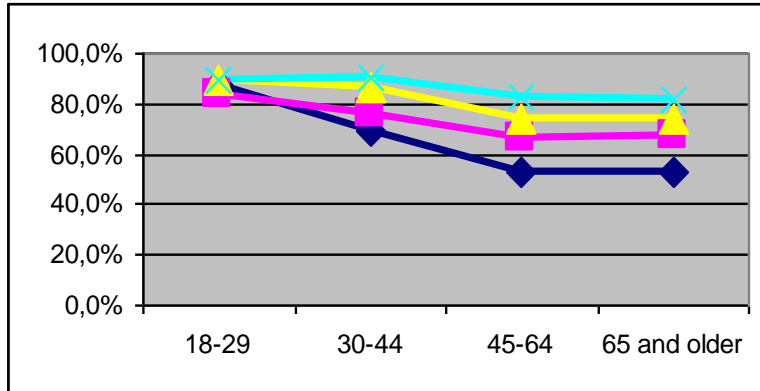


### Longstanding Illness LV

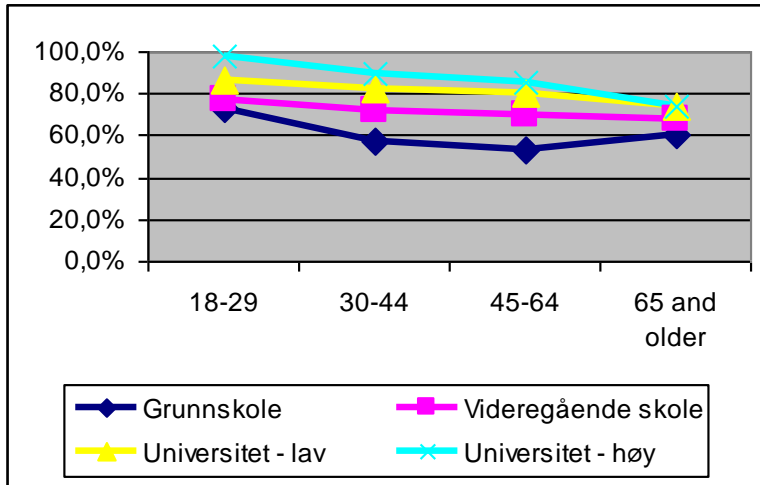
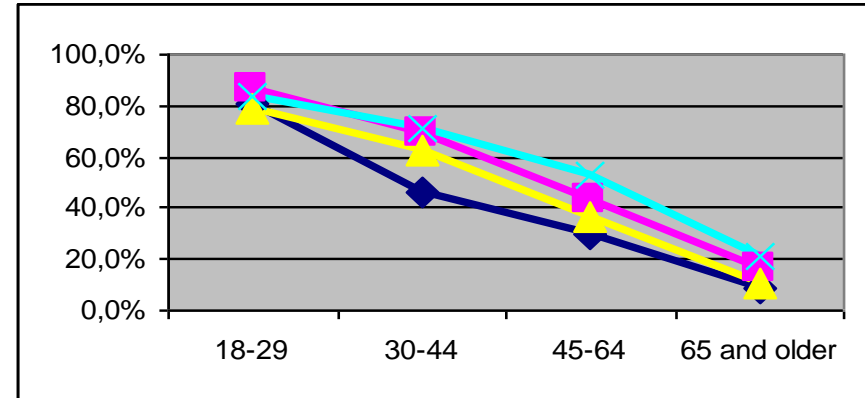




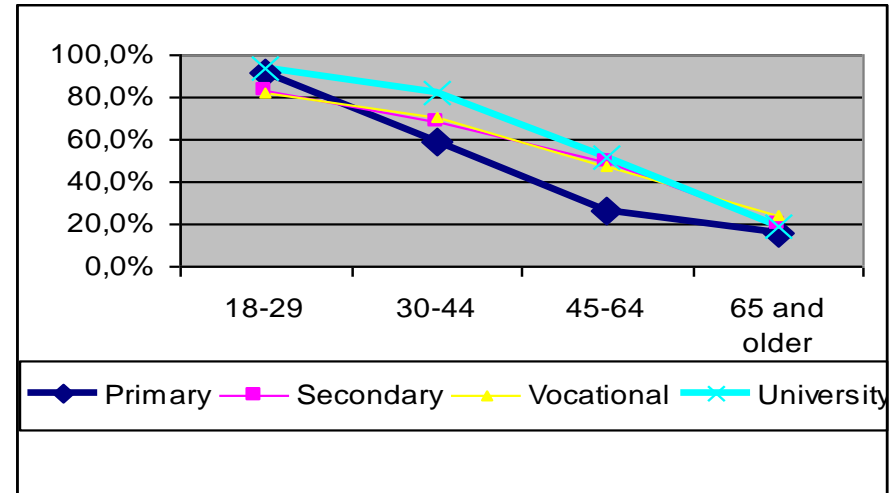
# Perceived health – NO and LV – in relation to gender and education



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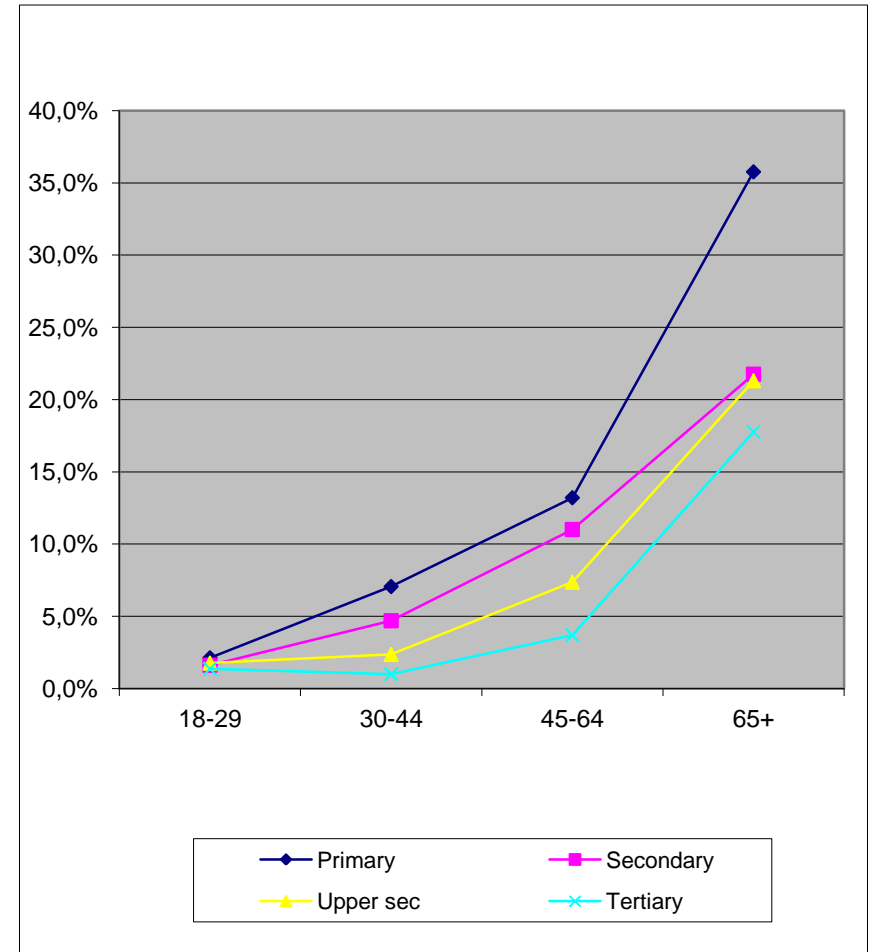
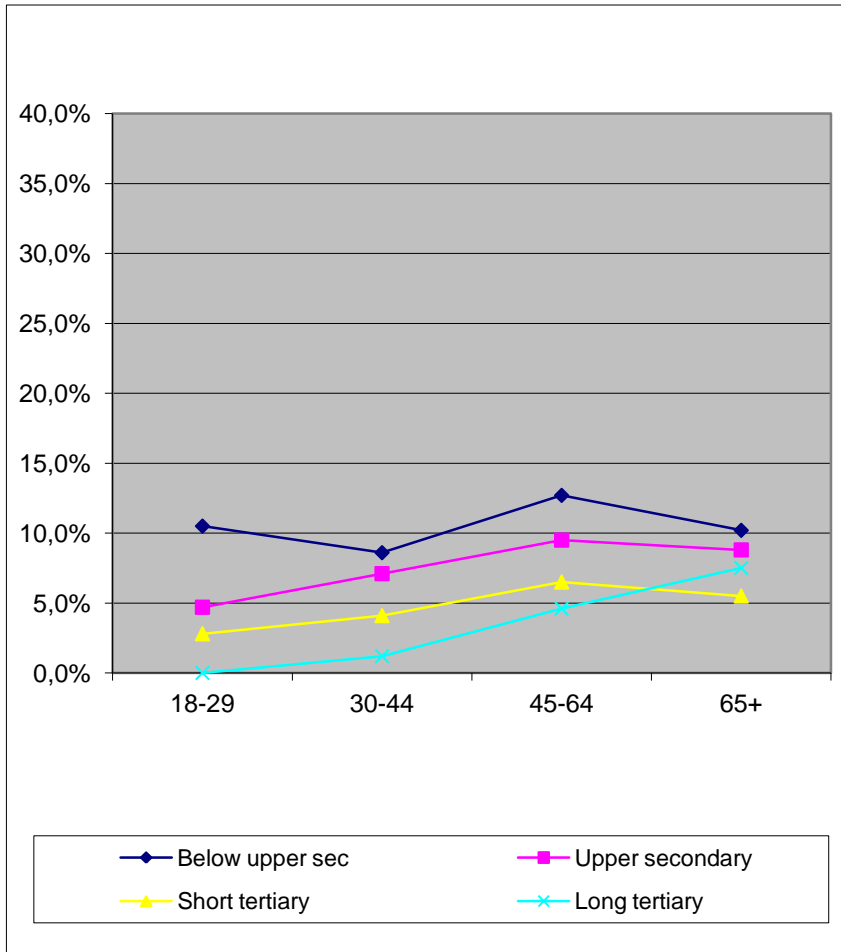


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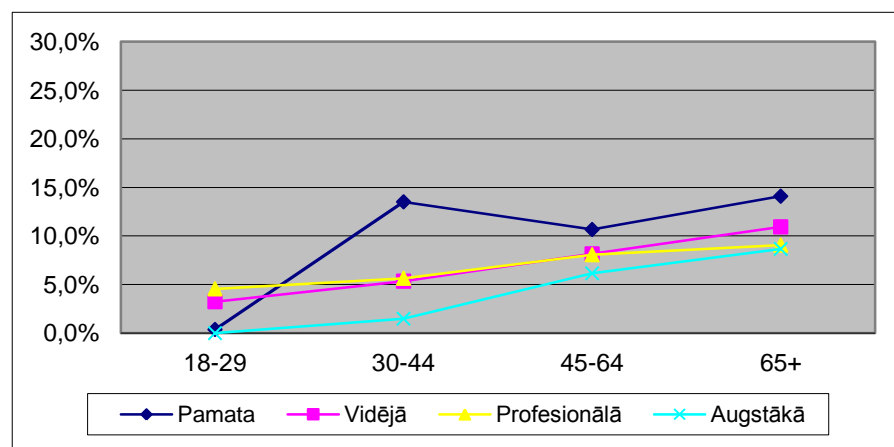
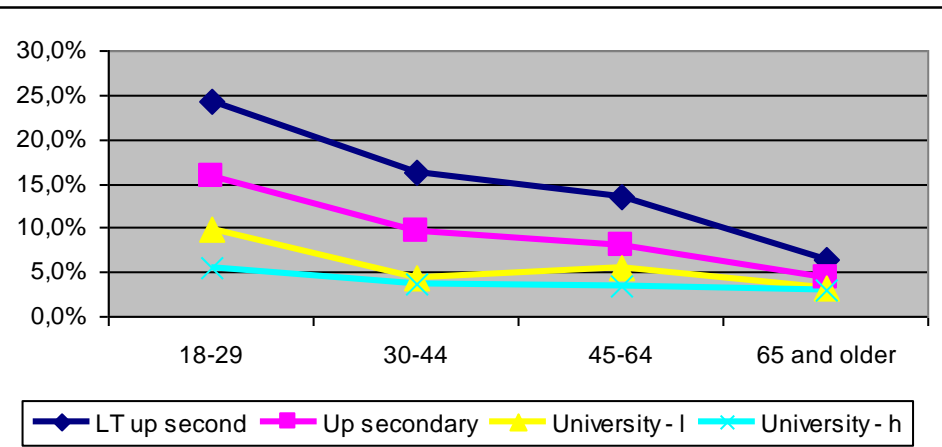


# Severe restriction in daily activities NO - LV



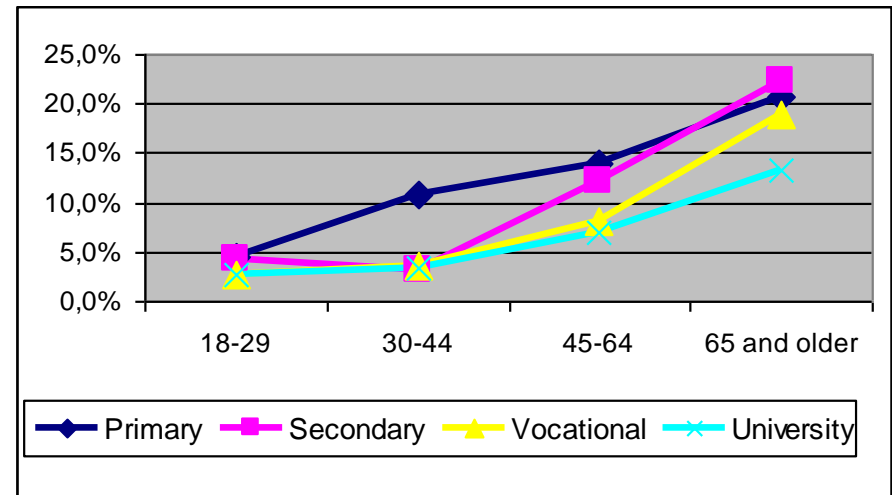
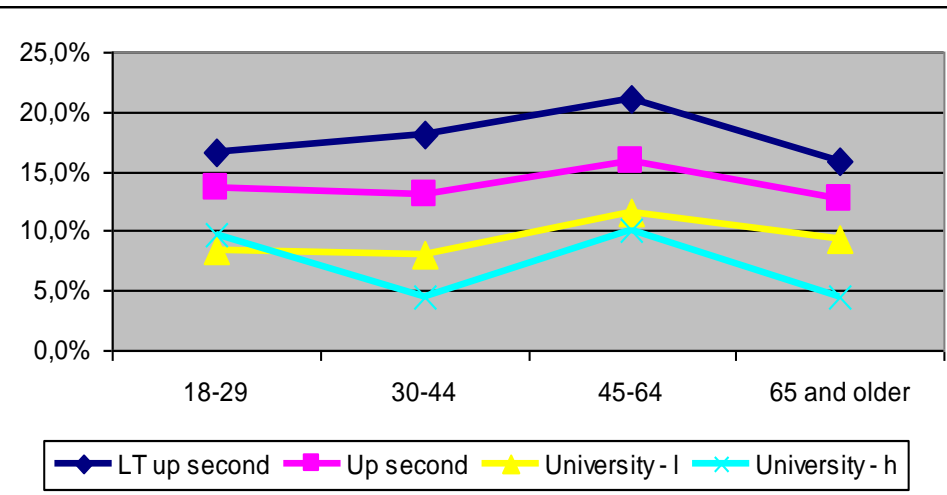


# Feeling of hopelessness in relation to future NO - LV



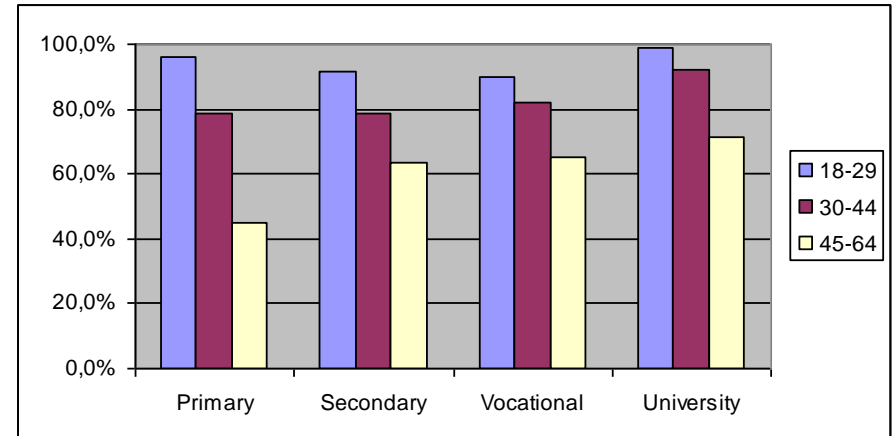
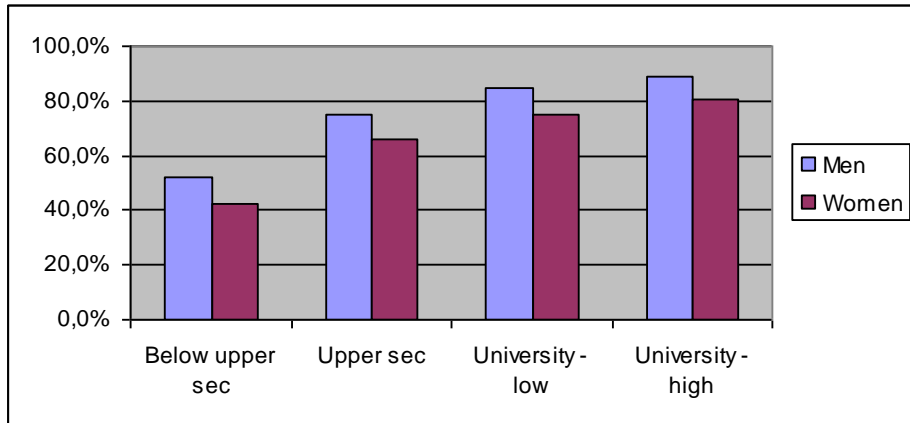
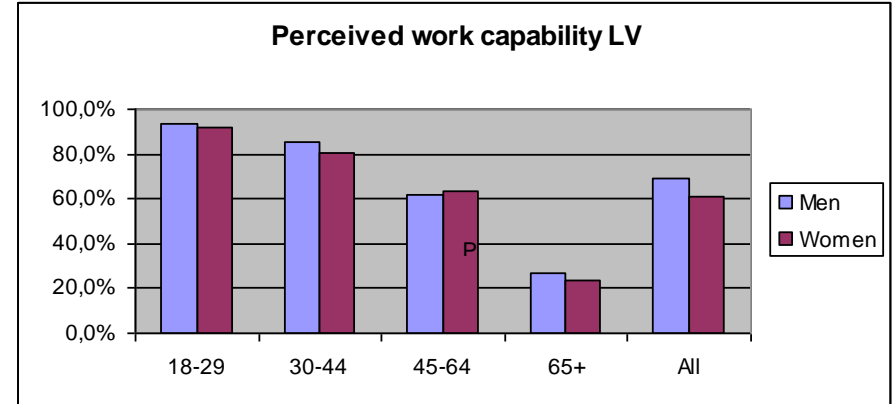
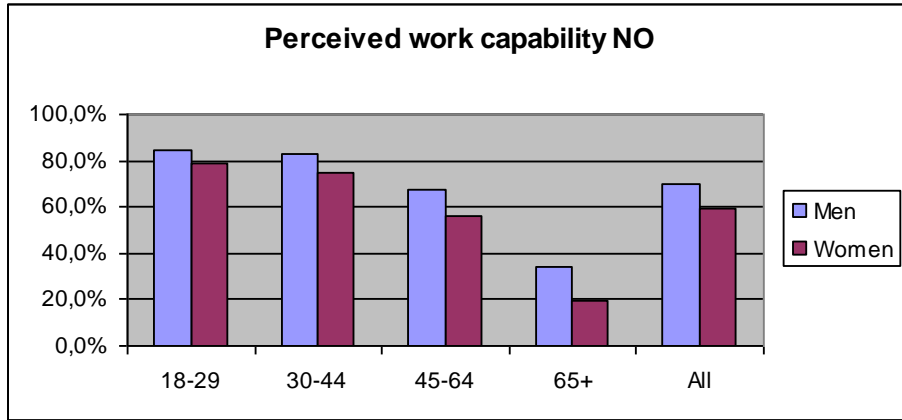


# Sleeping problems NO - LV





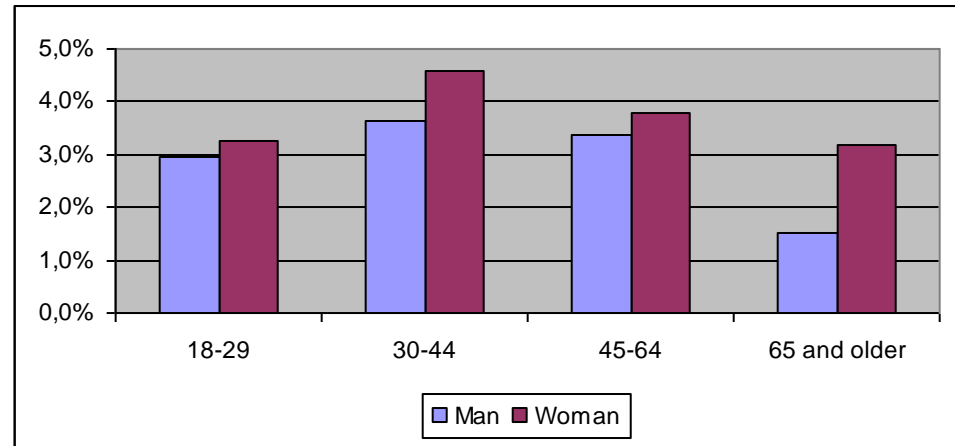
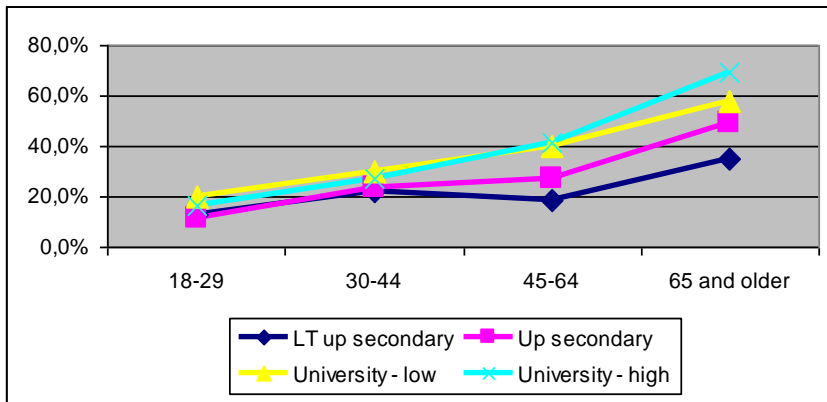
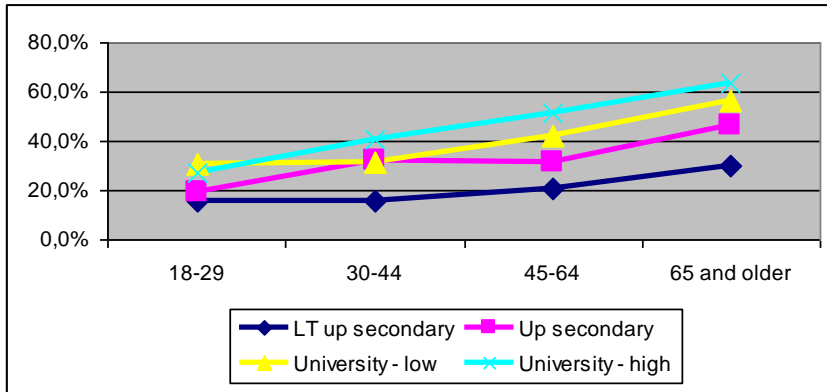
# Perceived full work capability considering health





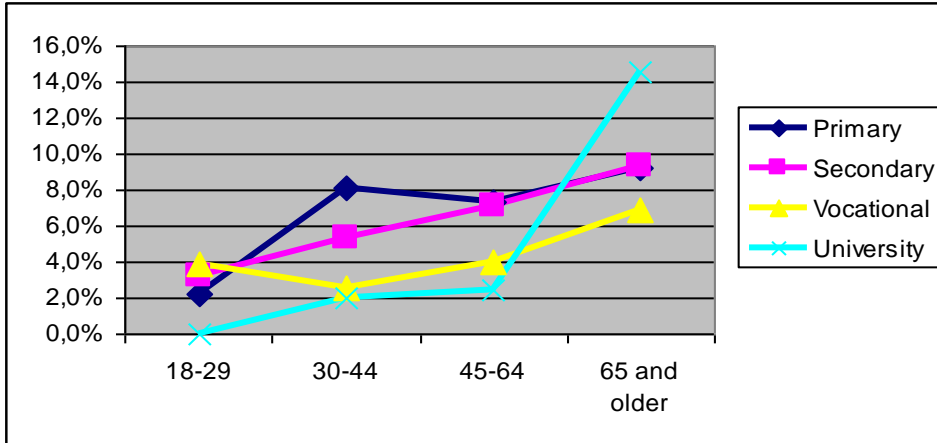
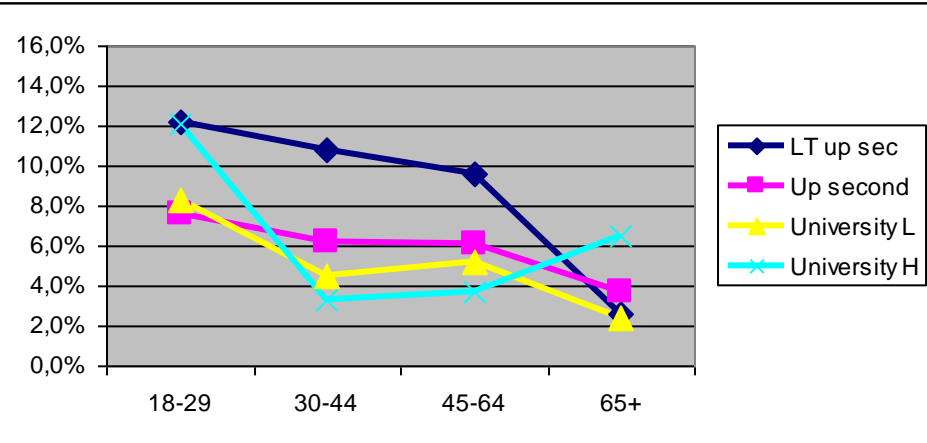


# Participation in NGO's, voluntary organisations etc. NO - LV



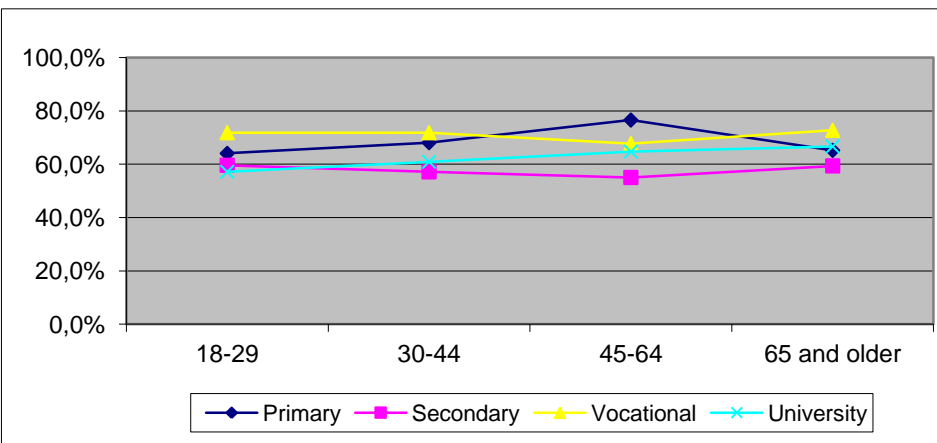
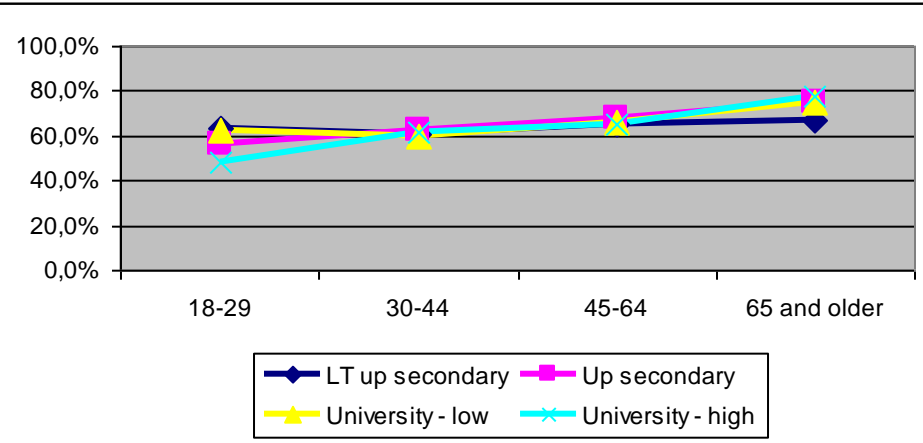
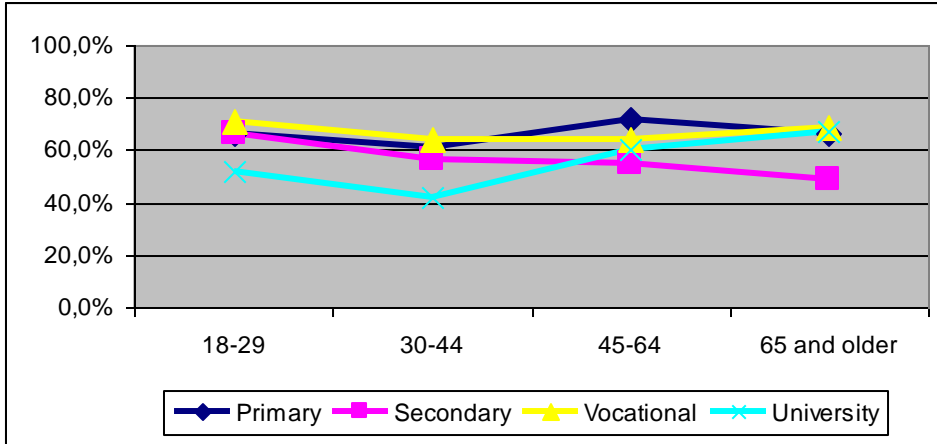
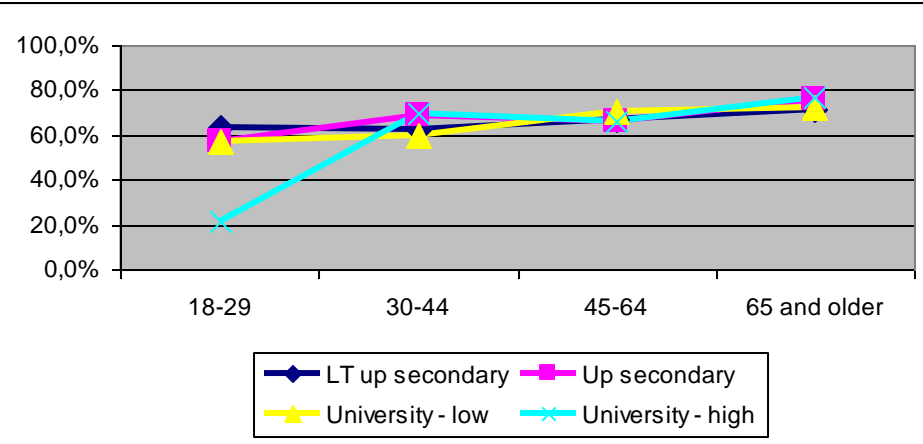


# Often lonesome



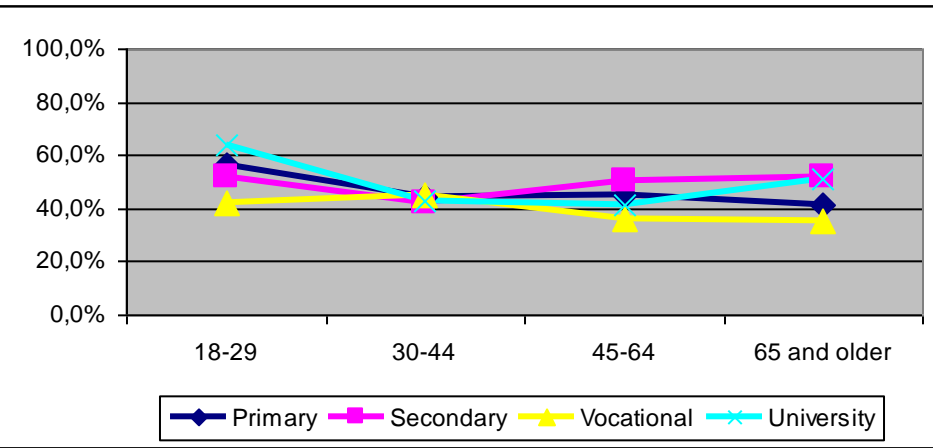
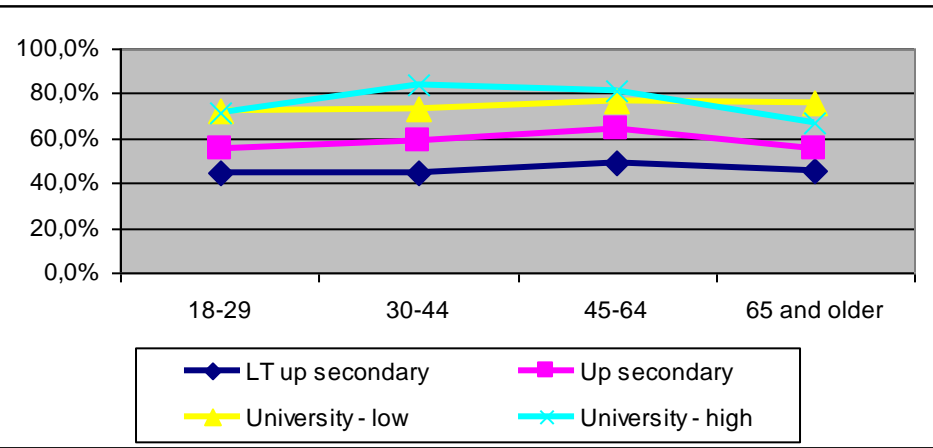
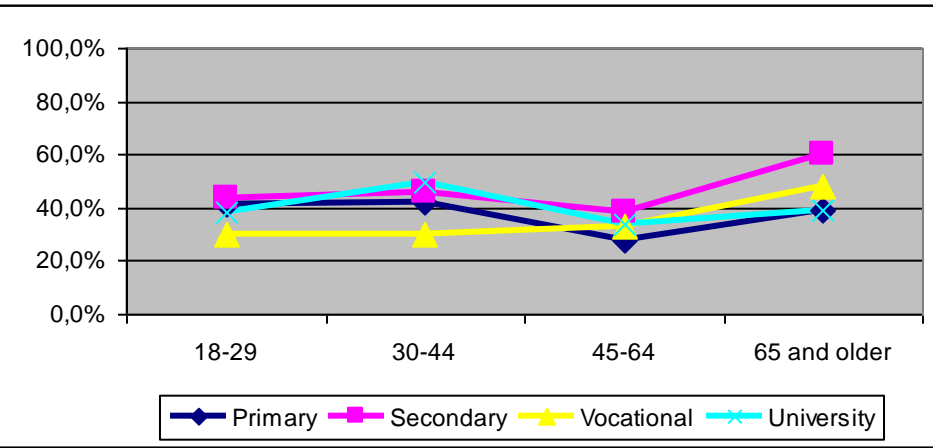
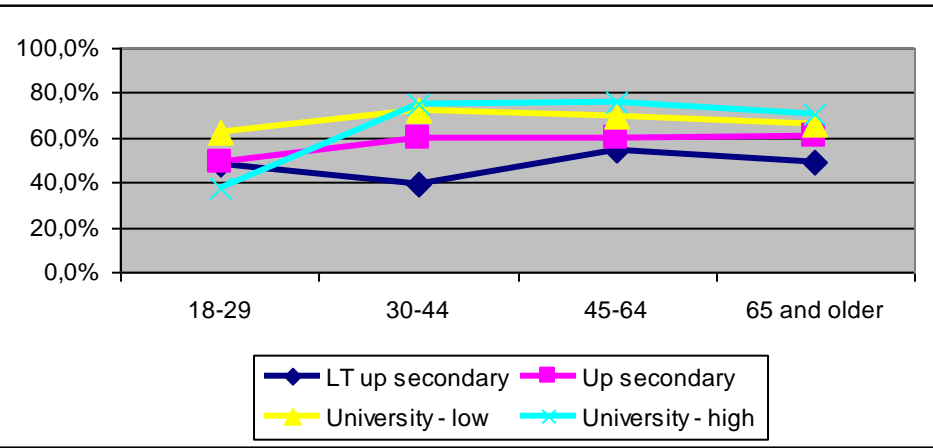


# Good opportunities/environments for socialising



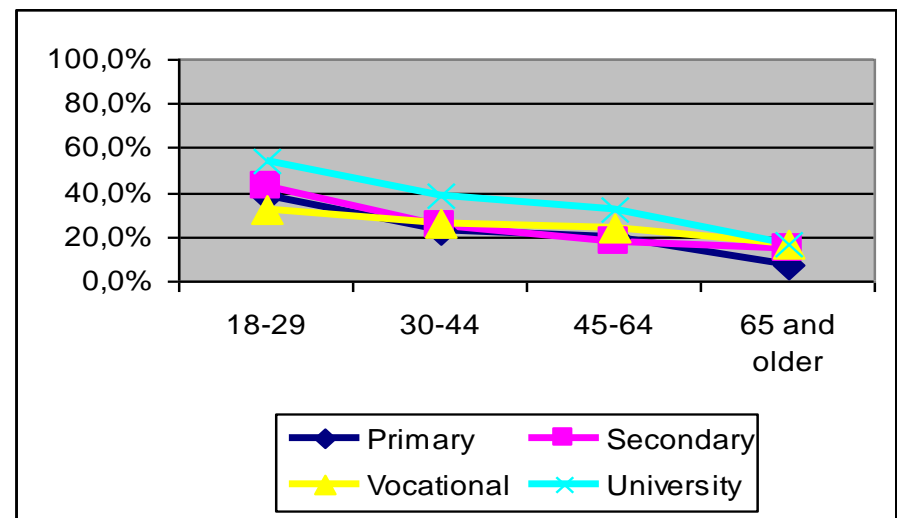
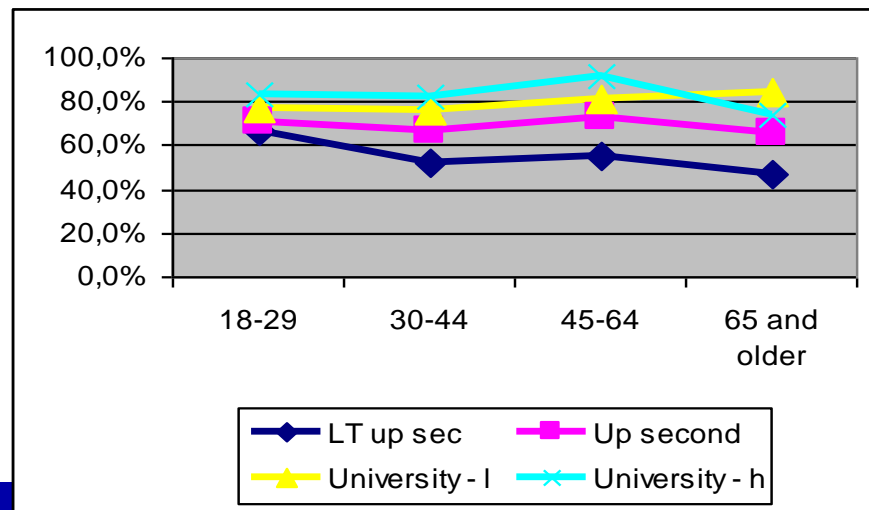
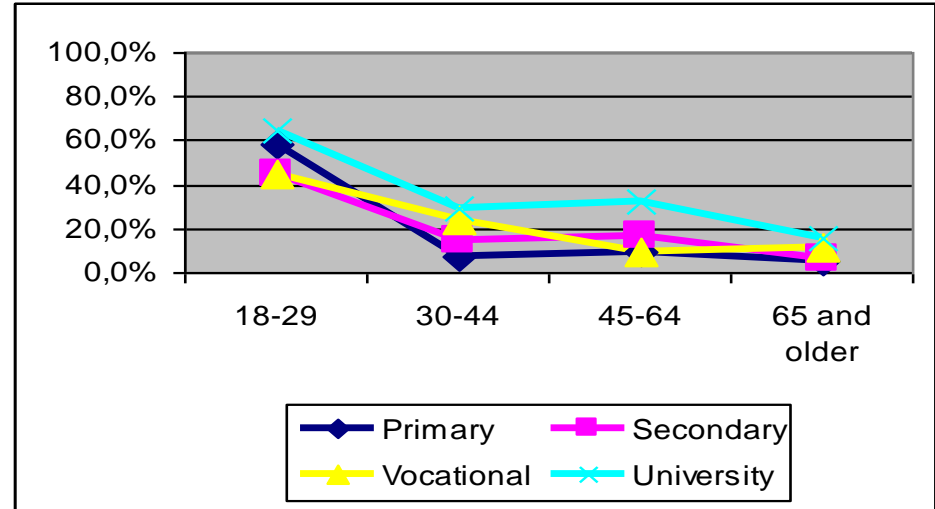
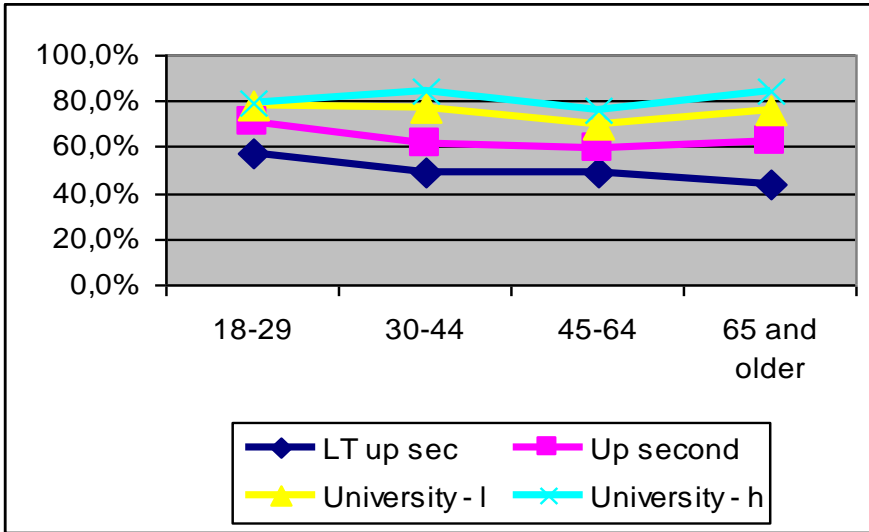


# Trust in institutions



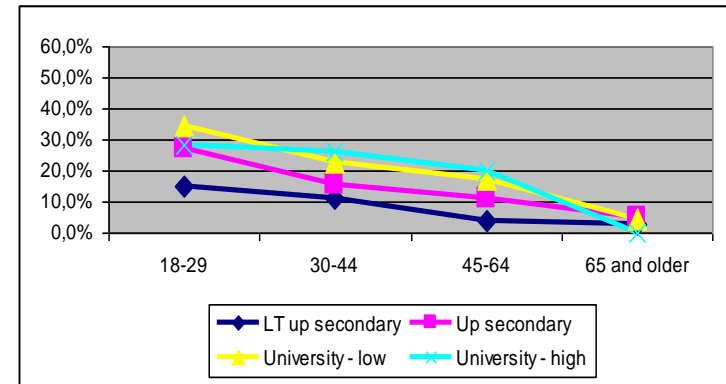
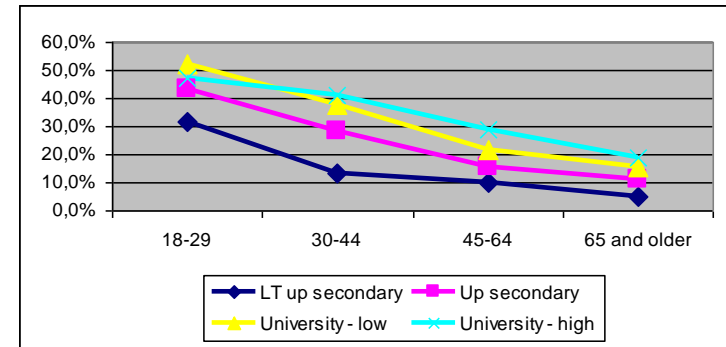
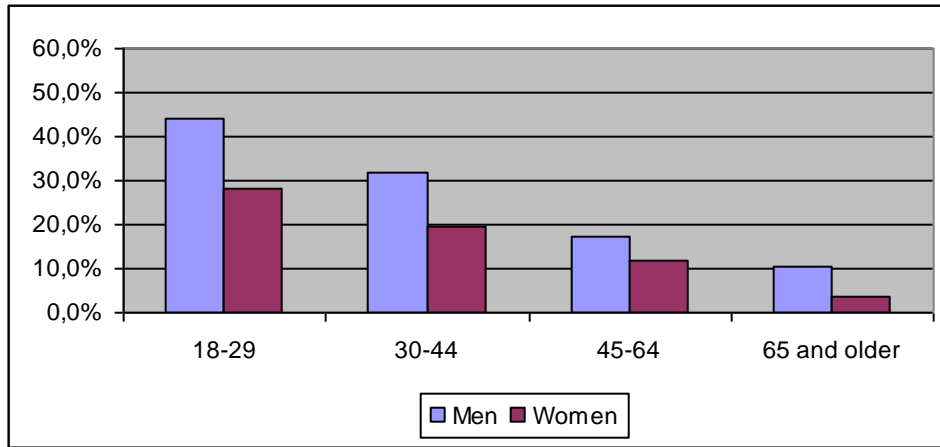


# Physically active – NO - LV



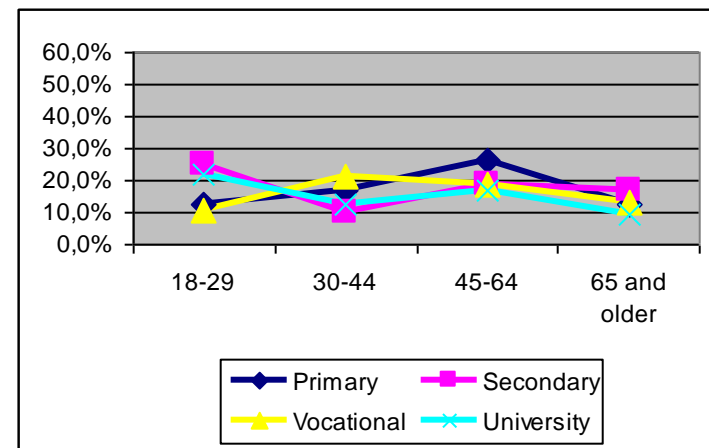
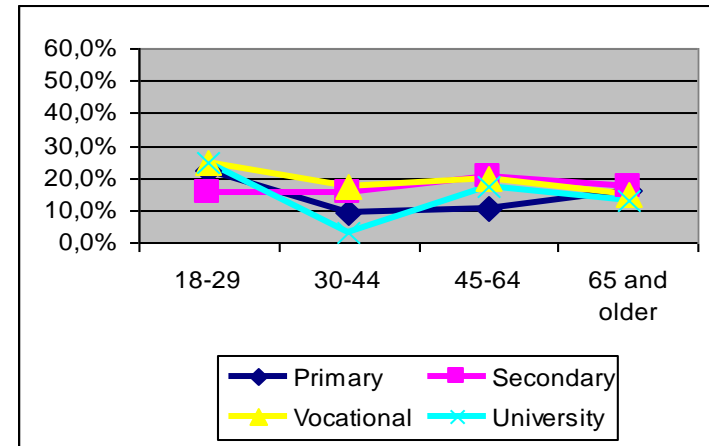
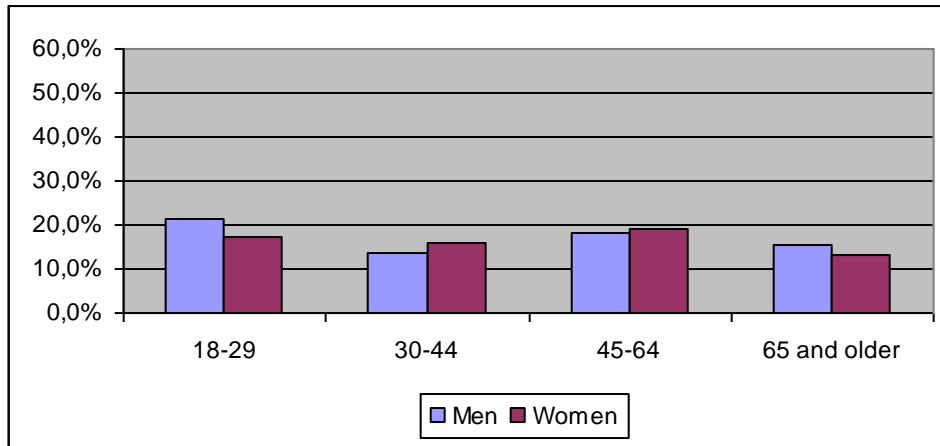


# Intensive physical activity in leisure time NO





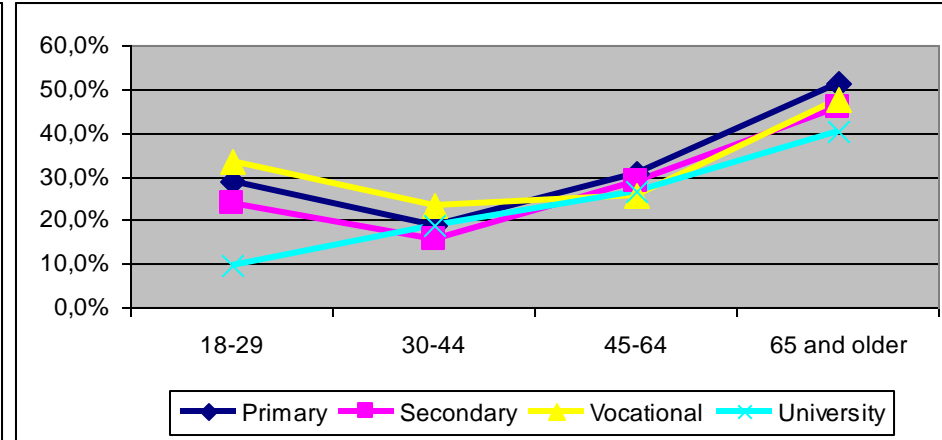
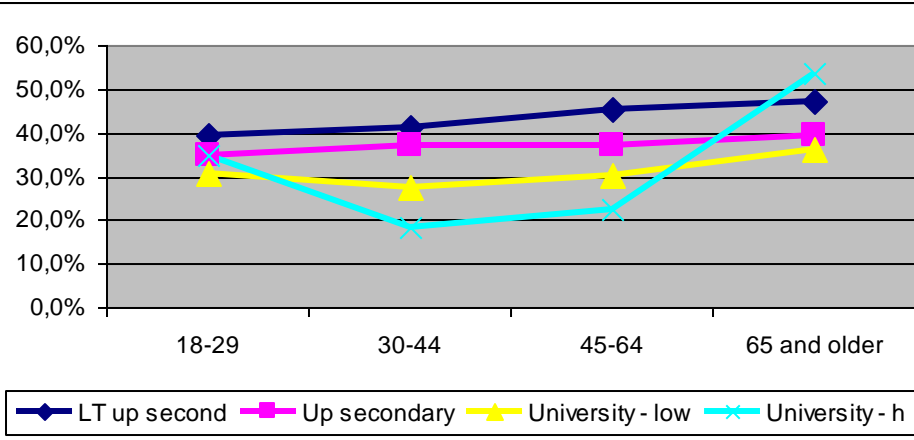
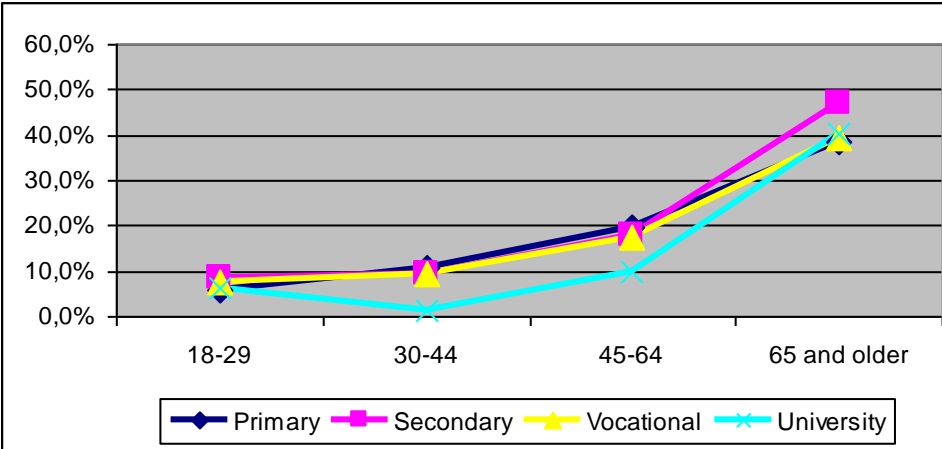
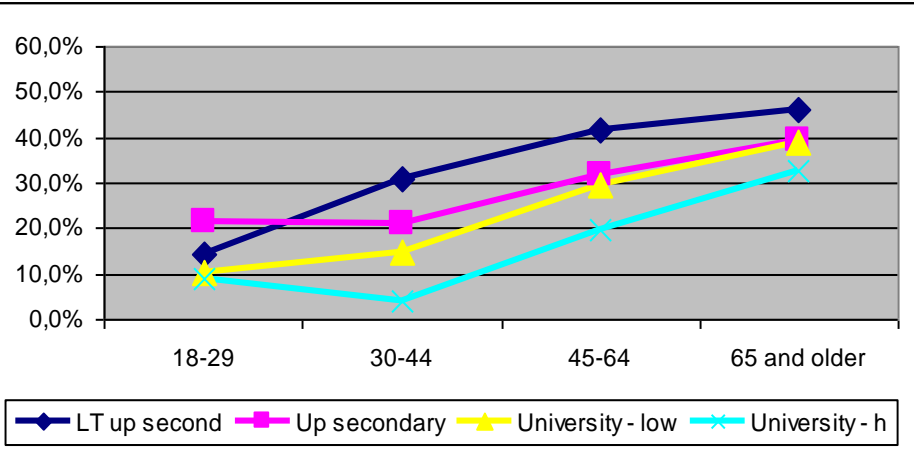
# Intensive physical activity in leisure time - LV





# Frequent visits to GP – 4+ last year

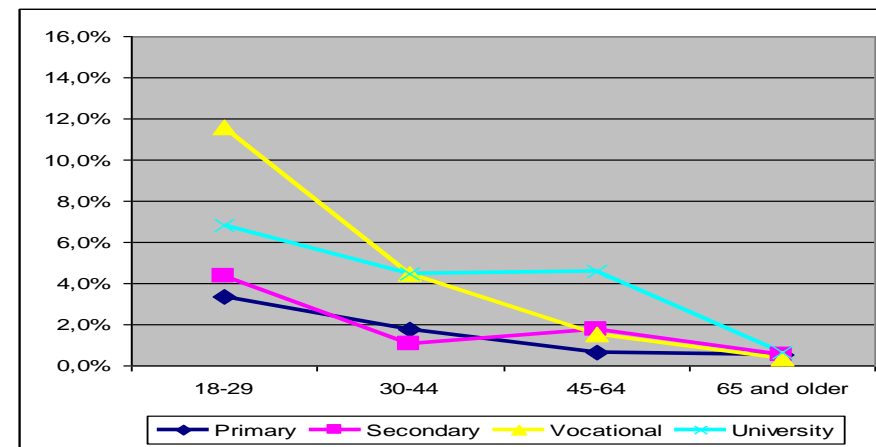
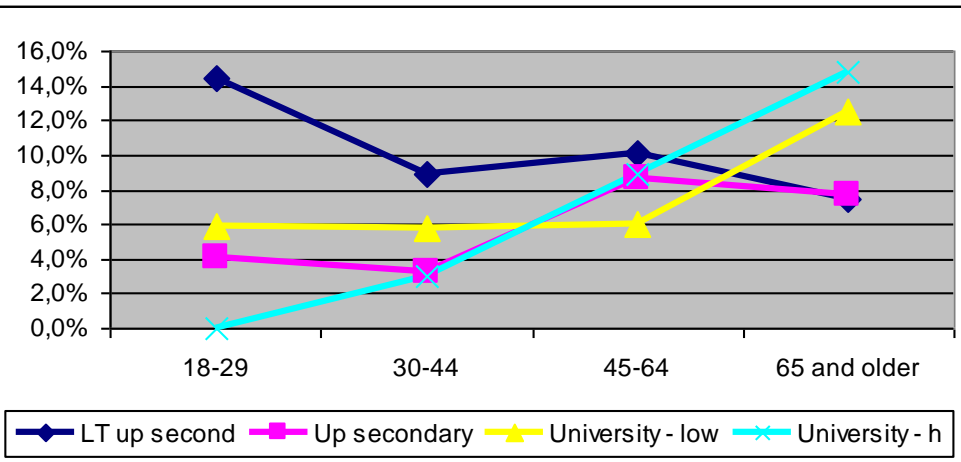
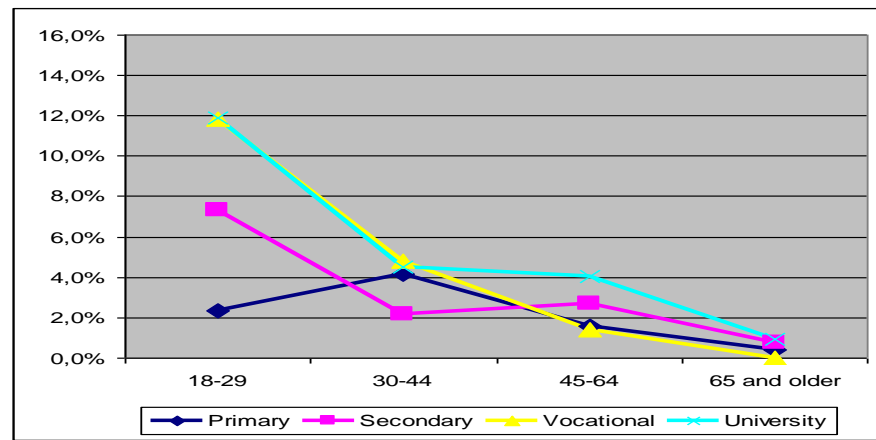
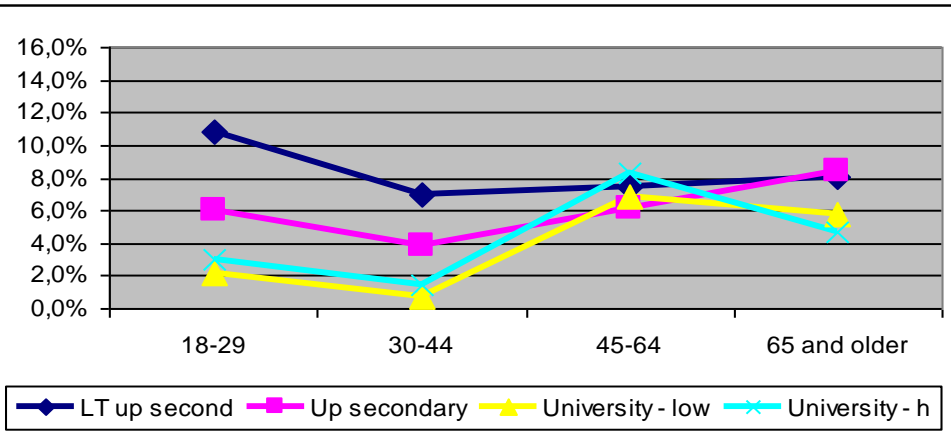
## NO - LV







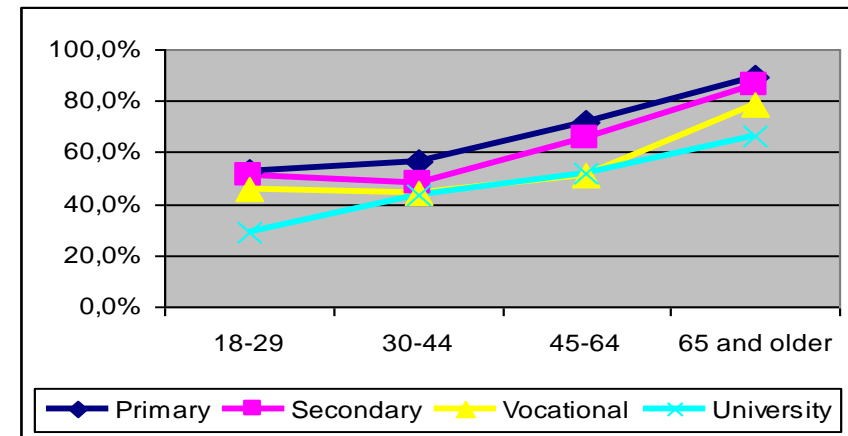
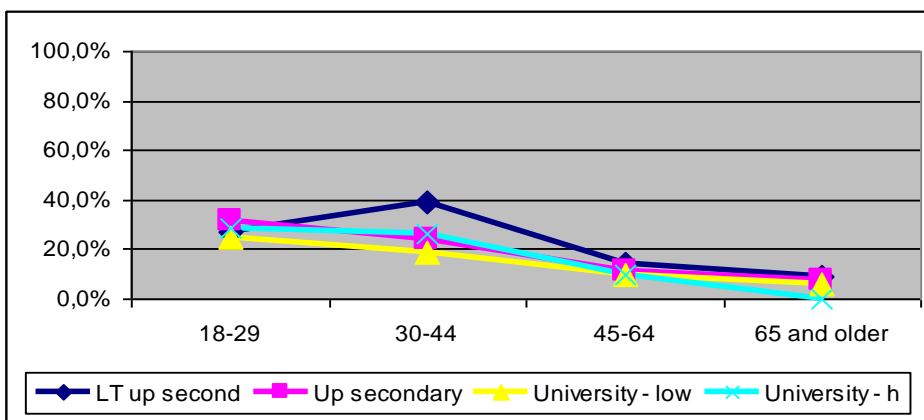
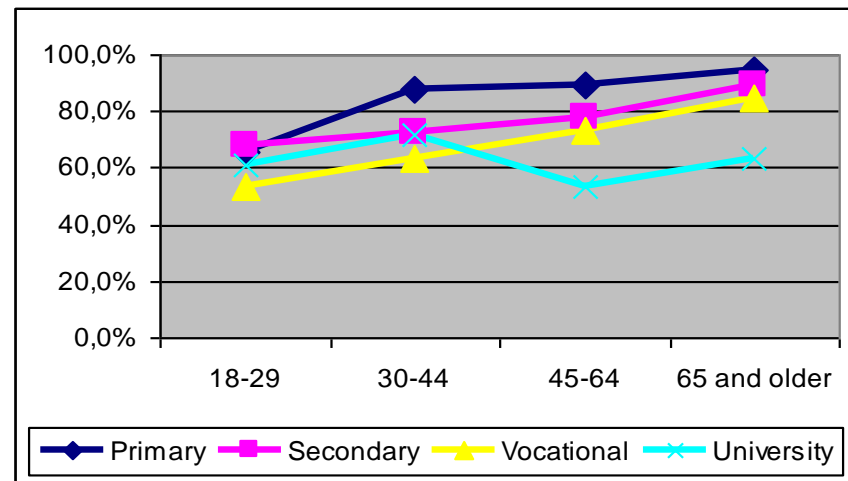
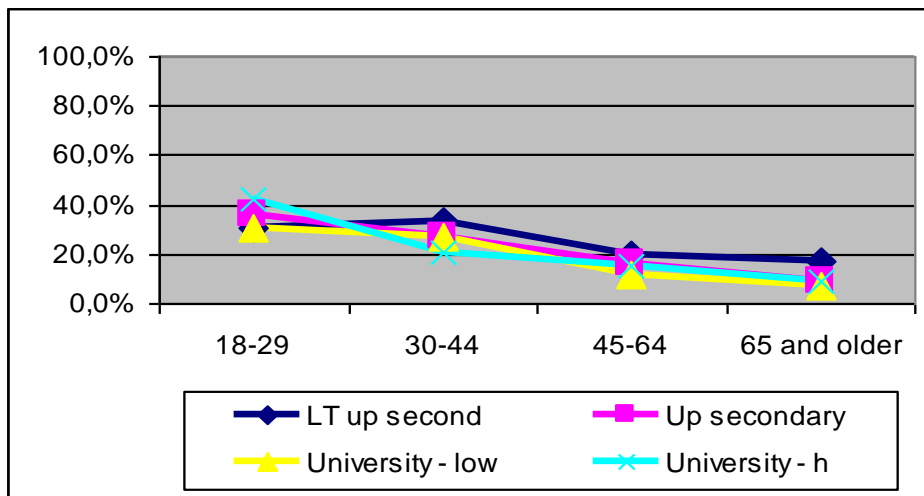
# Frequent visits to dentist – 4+ last year NO - LV





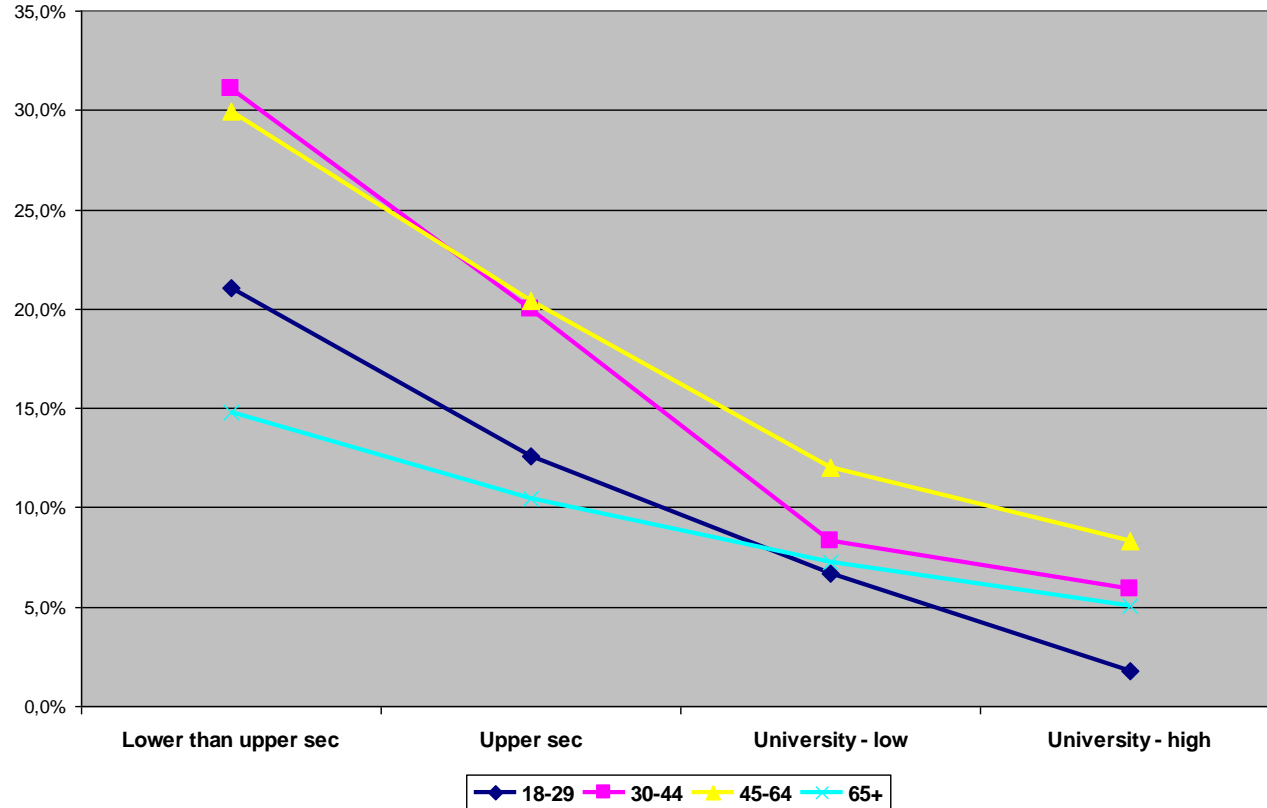
# No dentist use last year

## NO - LV



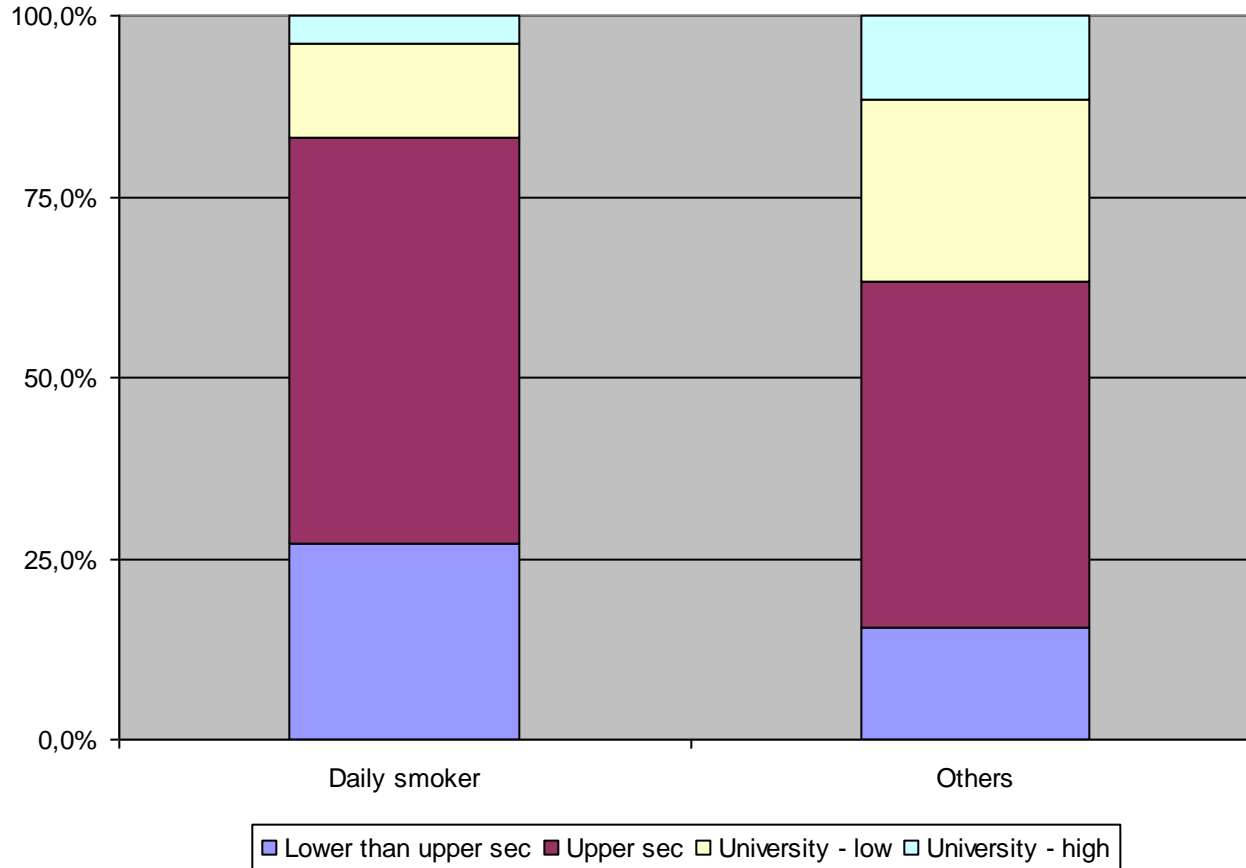


# Daily smoking, education and age





# What characterises the smokers?





# Uses of health profile data

- Remember:
  - a health profile do not provide causal explanations
  - A health profile do not provide solutions to problems
- Further in depth analyses:
  - Analyses of characteristics of relevant target groups
  - Analyses of economic and life-quality aspects of burden of health problems and inequality in health

