POLICY PRÉCIS

Making the link: Chronic diseases and health equity

The World Health Organisation'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**, introduces how those and other recommendations, as part of evidence based health promoting approaches, could be applied to a range of European Union legislation, 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 wellbeing for all

Why making the link matters

Chronic diseases are conditions of long duration and generally slow progression and have traditionally included cardiovascular diseases (CVDs), stroke, diabetes mellitus, and chronic respiratory diseases[I]. As survival rates and durations have improved, these types of diseases now also include many varieties of cancer, HIV/AIDS, mental disorders, such as depression, schizophrenia and dementia, as well disabilities like sight impairment and arthrosis[II]. The rapidly increasing burden of chronic diseases is not only the leading cause of mortality and morbidity in Europe[II], it is also affecting poor and disadvantaged populations disproportionately, contributing to widening health gaps between and within countries[III]. Especially, in times of financial constraint increase in chronic diseases imposes a significant additional economic burden, not just on patients themselves, but on households, communities, employers, health care systems, and government budgets[IV] calling for specific attention to the issue.

Socio-economic inequalities are a major driver of the chronic disease epidemic. In most countries, people from poor or marginalised communities have a higher risk of dying from chronic diseases because of material deprivation and psychosocial stress[III]. Social determinants, such as education and income, influence vulnerability to chronic diseases and raise the risk of exposure to harmful products such as tobacco and unhealthy food and can limit access to health services. As a result, people with lower socio-economic positions are at greater risk of chronic disease than their more highly educated or wealthier counterparts[V].

At the same time, chronic diseases are a strong contributor to many of the growing socioeconomic inequalities that have been observed in many countries. Chronic diseases can lead people to poverty due to catastrophic expenditures for lengthy treatment[III]. They also have a large impact on undercutting productivity and workforce participation as well as increasing early retirement, high job turnover and disability[II]. In addition, stigma and discrimination associated with certain types of chronic diseases such as diabetes and mental health problems can diminish employment opportunities for a number of people[VI].

Among this vulnerable population, a vicious cycle therefore often endures with poverty leading to more exposure to lifestyle risk factors of chronic diseases, which can lower income levels further and lead to families' poverty. As the chronic disease epidemic strikes disproportionately among people of lower social positions it cannot be effectively addressed without action on the social determinants of health, conditions in which people are born, grow, live, work and age[VIII]. Joint cross-sectoral approaches are therefore essential to ensure that effective interventions provide health opportunities and lead to good health outcomes for all.

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The situation

Chronic diseases are the leading causes of death globally killing more than 36 million people each year[V]. Of the six WHO regions, the European Region is the most affected, as chronic conditions cause 86% of deaths and 77% of the disease burden in the Region, thereby affecting health systems, economic development and well-being[VII]. The majority of the diseases are largely preventable as they stem from a combination of non-modifiable risk factors, like age, sex and genetic make-up, as well as modifiable risk factors, such as poor diet, physical inactivity, tobacco use, and harmful alcohol use[V].

In many individuals, particularly the socially disadvantaged, risk factors frequently cluster and interact so that several co-morbidities can exist at once, the number of which increases progressively with age[VI]. The WHO estimates that reducing risk factors associated to chronic diseases can lead to a decrease of 80% of all premature heart disease, 80% of type 2 diabetes cases, and 40% of cancers worldwide. By having a healthy diet, being physically active, decreasing alcohol consumption, 75% of premature deaths from chronic diseases and 30-40m% of premature cancer deaths could be prevented[IX]

- **SNAPSHOT ON MAJOR RISK FACTORS**

  Tobacco use: Tobacco is the single largest avoidable health risk in the EU, accounting for nearly 700,000 premature deaths each year[X]. The WHO European Region has one of the highest proportions of deaths attributable to tobacco and despite considerable progress, the number of smokers in the EU is still high (28% of the population)[X]. Many cancers, cardiovascular and respiratory diseases are linked to tobacco use[X]. As smoking prevalence is higher among persons of lower education and income the harmful consequences of tobacco use disproportionately burden poor households[XI].

  Harmful use of alcohol: Alcohol related harm is accountable for 195,000 deaths each year in the EU[XII]. Even moderate alcohol consumption increases the long term risk of heart conditions, liver diseases and cancers and frequent consumption of large amounts can lead to dependence. In 2006, alcohol caused 45,000 deaths from liver cirrhosis, 50,000 cancer deaths and 17,000 deaths due to neuropsychiatric conditions. Alcohol was also linked to 200,000 episodes of depression[XII]. Although, alcohol consumption rates are markedly lower in poorer societies, poorer populations tend to experience disproportionately higher levels of alcohol-attributable harm[XI].

  Unhealthy diet and physical inactivity: Unhealthy diets, especially those which have a high content in fats, free sugars and salt, and physical inactivity are among some of the leading causes of chronic diseases including CVDs, type 2 diabetes and certain cancers[XIII]. In particular, physical inactivity is one of the leading risk factors for health and is estimated to attribute to one million deaths per year in the European Region[XIV]. In general, lower socioeconomic groups tend to consume more meat, fat and sugar in given settings[XV]. Participation in leisure-time physical activity also tends to be directly related to socioeconomic status as poorer people have less free time and poorer access to leisure facilities[XV].

Setting an example

Alcohol problems are a major public health problem in Scotland especially among prisoners. The **Alcohol and Offenders Criminal Justice Research Programme** is a portfolio of three studies led by **NHS Health Scotland** on behalf of the Scottish Government (2009-2011). The overarching aim was to understand better the extent and nature of alcohol problems in offenders and which effective interventions can address them. Reducing alcohol problems in offenders has the potential for wider outcomes such as a reduction in offending and health inequalities.

http://www.healthscotland.com/topics/health/alcohol/offenders.aspx

Every year **VIGeZ** (Flemish Institute for Health Promotion and Disease Prevention) organizes a "**24 Hours Stop Smoking" Campaign**, at the World No Tobacco Day on 31 May. The campaign mobilizes smokers to stop smoking for at least 24 hours. Participants have to subscribe on the website and write down their experiences during the day. The campaign is intended to provide smokers with a positive feeling "yes, I can!" if they succeed to quit smoking for one full day. With this initiative and through the involvement of local partners, VIGeZ targets in particular low socio-economic and vulnerable groups which can afterwards get personal advice and guidance, based on the experiences they wrote down during the non-smoking day, in order to quit smoking forever.

Pathways to progress

Chronic diseases can only be tackled effectively if Member States adopt a holistic approach, involving non-health related actors to make 'the healthy choice the easy choice' by changing the environments in which people grow, live and work, and address common harmful behavioural factors. This entails concrete measures in their national policies such as increased taxing in alcohol and tobacco products, food regulation, subsidies on fruit and vegetables, compulsory nutrition labelling alongside a participatory healthy living education targeted to the most vulnerable and socially deprived. The OECD has shown that a combination of the aforementioned preventive measures (health promotion campaigns and education, government regulation and family doctor counselling) would significantly reduce the cost per capita spent to USD 10-30 per year as opposed to the average OECD region USD 3184 health spending per capita per year [IX].

National interventions on health promotion, disease prevention and education should be developed in parallel with the EU efforts. A reflection process on chronic diseases has been initiated to identify ways to optimise the response and the cooperation between EU countries. The European Commission itself is committed towards tackling chronic diseases. Within the 2008-2013 Health Programme[XVI], the European Union recommends addressing avoidable diseases by developing preventive strategies and mechanisms including awareness-raising, capacity building, best-practice exchange and reinforced preventive measures. These actions will feed into other European Strategies essential on tackling chronic diseases risk factors such as the EU strategy on Nutrition, Overweight and Obesity, the EU Action Plan to reduce the harmful use of alcohol 2012-2020 and EU Action on tobacco.

Strategies for chronic diseases should also include measures aiming to maintain people suffering from such conditions at work and avoid the financial impacts of the disease[IX]. The new Social Investment Package adopted on February 2013 by the EC offers a promising policy framework to contribute to combating poverty and social exclusion and to increase employment levels[XVII].

Additional Information

- **DG Health and Consumers – Major and Chronic diseases**
  http://ec.europa.eu/health/major_chronic_diseases/policy/index_en.htm
- **European Union Health Policy Forum-Answer to DG SANCO consultation on chronic diseases**
  http://ec.europa.eu/health/interest_groups/docs/euhpf_answer_consultation_jan2012_en.pdf
- **WHO Europe – Non-communicable diseases**
  http://www.euro.who.int/en/what-we-do/health-topics/noncommunicable-diseases
- **Joint Action addressing chronic diseases and promoting healthy ageing across the life cycle**
  http://ec.europa.eu/eahc/health/JA_2013_chronic_diseases.html
- **EU Platform for Action on Diet, Physical Activity and Health**
  http://ec.europa.eu/health/ph_determinants/life_style/nutrition/platform/platform_en.htm
- **Focusing on obesity through a health equity lens- a collection of innovative approaches and promising practices by health promotion bodies in Europe to counteract obesity and improve health equity. Kuipers. Y.M. EuroHealthNet, 2009.**

Contact

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Sources

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[XIV] WHO Europe – Retrieved on April 2013
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[XV] Physical Activity and Health in Europe. WHO, 2006. http://www.euro.who.int/__data/assets/pdf_file/0011/87545/E89490.pdf

[XVI] European Commission's work plan in the framework of the second programme of Community action in the field of health (2008-2013).
http://ec.europa.eu/health/programme/docs/wp2013_en.pdf

[XVII] DG Employment-Social Investment Package http://ec.europa.eu/social/main.jsp?catId=1044&langId=en

Note: The terms "non-communicable disease" and "chronic disease" are often treated as interchangeable in the available literature. Therefore, for the current policy précis we have also used sources that refer to non-communicable disease as a proxy for chronic disease.

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This publication is supported by the European Union Programme for Employment and Social Solidarity (2007-2013).
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