



## **Advisory document**

# **Proposal for a Flemish health goal on reducing social inequalities in health and well-being**

## **Executive summary**

Brussels, 21 December 2017

Advice at own initiative

Approval by the Board: 21 December 2017

- **At 25 years of age, a highly-educated man can expect more than 46 healthy years, a man without a diploma, 28 years. A low-skilled woman dies on average 6 years earlier than a highly-educated one.**
- **Lower-skilled people are more often ill and suffer more from chronic conditions than those with a higher education level. Psychological problems occur with 46% of the lowest educated, and 25% of the higher educated.**
- **Satisfaction with life increases when one belongs to a higher income class.**
- **More and more people postpone the use of care and support for financial reasons: up to 46% of the lowest educated, 45% of households with the lowest incomes.**

## 1 A new health goal

**Effective reduction of the socially unequal distribution of health and well-being in Flanders must be put much more strongly on the policy agenda and on the agenda of the relevant actors.** A generally shared political vision is needed on a structural and integrated approach to social health and well-being disparities, and their different causes. According to the Strategic Advisory Board Well-being Health Family (hereinafter SAR WGG or the Board), a Flemish health goal is a suitable instrument for determining such an approach.

The Board formulates its own proposal for such a new health goal:

By 2030, the Flemish Government will substantially reduce social inequalities in health and well-being. This will be done by reducing by 25% the present differences in life expectancy in good health and well-being among people according to their social class.

In order to achieve this, a policy is being pursued in all policy domains, and in particular that of Well-Being, Public Health and Family, to continuously reduce the social gradient in health and well-being. This policy must be structural and sufficiently financed.

**With its proposal, the Board is focussing in the first place on the policy area of Well-Being, Public Health and Family.** Taking action to gradually reduce the differences in social health and well-being is a task for all sectors within this policy area. Not only do they focus on people's health but also on quality of life and participation in society.

**In addition to the pioneering role of this policy area, all other policy domains and levels must be committed to achieving the goal. The Board is calling for an integrated approach, according to the principle of 'health and well-being in all policies'.** Because our health and well-being are determined not only by the organisation of and access to care and support. The level of education, place of residence, profession, social network and one's lifestyle also have a major impact. The Flemish Government can use this new goal as a touchstone for policy in all these domains.

That is why the Board is also placing the new health goal in the broader context of well-being. It would be good if the Flemish Government also did this for other health goals.

## Implementing the health goal is a shared responsibility

The structural reduction of social inequalities in health and well-being must become a deliberate objective at five levels:

- **The different governments** in our country that through their policies intervene in the physical and social environment that can create, maintain or reduce inequality.
- **Professionals in care and support** who can remove barriers to access to care and services and who pay attention to the perspective, the life goals and the social context of a person in need of care.
- **Companies and employers** who further develop and broaden their 'well-being at work' policy. The labour market provides economic sustainability for people.
- **Community centres** that focus on participation, empowerment, strengthening social cohesion and mutual support in the neighbourhood.
- **The individual citizen** who contributes to his or her own longer and healthier life, without being held accountable for the results of the efforts that he or she delivers at a preventive level.

It is also necessary for the implementation of the new health goal that a transition takes place from additional methodology development to sustainable implementation of well-functioning and evidence-based methodologies.

## The new health goal and the existing goals

The Board finds it positive that the Flemish Government makes use of health goals. These place focus in policy, imply obligations of result and measure the effects of policy.

The existing health goals mainly target the effects of inequity in health and well-being (e.g. people with a lower socio-economic status have poorer subjective health, smoke more, ...). They do too little to address the fundamental causes in the various life domains. That is why in the newly proposed goal, policy measures will focus on accessible care and support, a healthy environment, work and working conditions, income security, social cohesion, education, personal behaviour and lifestyle.

## Monitoring and follow-up

In order to follow up the goal, the Board expects up-to-date data on life expectancy in good health and well-being, linked to socio-economic characteristics of the Flemish population. A baseline measurement is required and must be followed by systematic monitoring and reporting. In addition, the Board sees various options for actually measuring the social gradient. There is also a need for evaluation research that indicates which interventions effectively reduce social health and well-being inequality.

# 2 Towards a strategic plan

## Seven objectives for reducing social inequality in health and well-being

Formulating a health goal alone is insufficient for the Board. To effectively reduce social inequality in health and well-being, a strategic plan is needed. This plan must show the commitments of the Flemish Government.

SAR WGG presents its priorities for that plan via seven objectives. It is up to the policy makers to put these into practice with actions, clear prioritisation and extra financial resources or a reallocation of existing resources. Indicators linked to the actions must ensure systematic follow-up.

### **Detect and tackle the social gradient as early as possible**

The social gradient in health and well-being must be detected as early as possible and addressed early in life. The environment and the living conditions in which children grow up are, after all, a decisive factor for health and well-being in adulthood.

The Well-Being, Public Health and Family policy area as well as education, sports, housing, ... have important instruments available to enable children to grow and develop with equitable health and well-being opportunities.

### **Primary prevention and health promotion**

The Flemish Government needs to invest in disease prevention and health promotion, much more than is the case today. Moreover, it is advisable to clarify and strengthen the role of primary care in the prevention policy.

For the Board, prevention works best if it supports both the individual and the environment.

- Coaching people about behaviour and lifestyle with personal guidance, education about self-management and increasing health skills can contribute to realising the health goal.
- A preventive approach is needed that also strongly focuses on the social causes of illness and the lack of well-being. As a result, preventive action must be taken in the various life domains (tackling loneliness, attention to a healthy home and living environment, ...).

Prevention policy must be much more than general information campaigns. Equitable access to and participation in prevention requires a global approach and incentives tailored to target groups and neighbourhoods. Characteristics of this approach are:

- A participative method that increases the impact of campaigns and appeals for action. The Board sees great added value in preventive campaigns and local actions that are carried out together with vulnerable people, through community centres;
- More campaigns that take into account the diversity in dealing with illness, health and well-being;
- A culture in which each citizen is able to make informed decisions about his or her own health issues through information, guidance and participation in the decision-making process.

### **Improving health skills**

Investing in health literacy is important for empowering people. Policy makers, preventative health and well-being organisations (e.g. Logo's, Huizen van het Kind), the Centre for Social Work (CAW), the Public Social Welfare Centre (OCMW), health insurance funds, municipalities, civil society organisations, primary care providers and the local community must fully play their role in this. Health education is a process that best starts as early as possible and must therefore also be included in the educational system.

It is also necessary to work on making health information more understandable and accessible, and on reducing the complexity of the care and support system.

## Continued investment in universally accessible care and support

Sufficiently large, high-quality, diversified, well-organised, financially and culturally accessible services are crucial to the prevention of unequal access. The Board expects that the various policy levels and actors in care and support will continue to invest in this.

Care and support are increasingly being organised in chains and networks. The Board pleads for the introduction of accountability at the level of a care and support network in order to increase accessibility and to close the loopholes in the network. This network of partners must be given the responsibility to handle the integrated care and support together for a population in a region.

### Financial accessibility

A framework for sustainable public financing of care and support in our country is urgently needed.

- Sustained commitment and sufficient funding are needed for a strong, compulsory federal health insurance system, based on solidarity. These resources should enable the continuity of investments in accessible and high-quality care and support.
- The Well-Being, Public Health and Family policy area must improve financial accessibility for those sectors for which it is responsible. A societal debate is needed about the cost of care and support and about the personal contributions and co-payments of citizens. Instruments that should be addressed in such a debate include the relation of contributions and benefits with income, a split of housing costs and care costs in long-term care and support, the charging of care supplements and the maximum bill.
- Clarity must also quickly be obtained on how the new Flemish social protection system precisely will be used to ensure the affordability of care for each citizen.

Care providers can contribute to affordability for the patient/client by respecting the agreed tariffs for care and support.

## Strengthening and inter-sectoral embedding of the horizontal primary care and support networks

Well-organised and financially accessible primary care is essential for reducing social differences in health and well-being. This is the place to ensure the accessibility of care and support and to include the signalling function (recognising the different structural causes of inequality).

With a view toward realising integrated care and support for every citizen, it is also important:

- to focus more on the cooperation between primary care and other levels of support;
- to address socio-economic inequalities in access to specialist care;
- to ensure the linking of the new health goal to developments in the context of primary care zones and (hospital) care networks.

## Ensuring a good standard of living and eliminating discrimination

The causal relationship between poverty and disease remains a reality today. Which is why the Board advocates the decisive implementation of the policy plans for poverty reduction with intense cooperation between policy levels and domains.

- In the Well-Being, Public Health and Family policy area, all financial measures that are taken (e.g. systems of personal budgets and child benefits) should improve access to care and support, and contribute to poverty reduction.

- In the other Flemish policy domains as well, there are important instruments to tackle poverty and social exclusion. They include equitable educational opportunities, job opportunities and quality and affordable housing.

In all the domains, a policy must be implemented that thoroughly tackles discrimination on the grounds of gender, age, ethnicity, religion and political preferences.

### **Reducing income inequality**

While income inequality is rather stable in Belgium and lower than in many other countries, the lowest incomes still lag behind in our welfare state. Therefore, measures must be taken at macroeconomic level to ensure that income inequality continues to decline. This will reduce social inequality and thus offer people more equal opportunities to live healthily in a healthy environment and with improved equitable access to the necessary care and support.

The Board advises a systematic policy approach, and appoints taxation, employment and social protection among others as appropriate incentives.