Socioeconomic health inequities
Equity is about fairness and justice. Promoting equity is essential if human and social development is to be combined with economically productive societies. Health equity is the absence of systematic differences in health and its determinants between groups of people at different levels of social advantage. The opposite is health inequity, which are avoidable inequalities in health between groups of people that arise from inequalities within and between societies. Such differences are inherently unfair and unjust. Therefore reducing health inequities are essential, and the upward trends for such differences call for further innovative, collaborative actions at all levels.

Socioeconomic disadvantage often translates into a disadvantage in health. Worse health creates high labour productivity losses, unemployment, increased demands for health care and high uptake of social security benefits. Therefore, action is not only about safeguarding human rights, but also has a strong economic rationale.

In order to address human rights and the economic consequences of health inequities, current health strategies need to be strengthened and combined with new strategies, directly tackling social determinants. The potential for both national and regional policies to help improve the population’s health need to be maximised. Regional policies are of particular importance for addressing existing differences between and within regions within the EU. Problems should be tackled locally, where they arise.

The Health Equity 2020 toolkit
Within HealthEquity-2020, a toolkit was developed which can assist regions in undertaking evidence-based action planning in order to tackle health inequities. The Health Equity 2020 Toolkit follows a structured approach in which four main phases can be identified: 1. needs assessment, 2. capacity assessment, 3. setting priorities and choosing actions, and 4. impact assessment of selected actions.

The tools related to the needs assessment focus on: what is the current situation in the region with respect to socioeconomic health inequalities (health outcomes and its determinants) and what are the desired outcomes? The gap between these two is considered to be the need with respect to socioeconomic health inequalities. These needs form the entry points for action to address socioeconomic health inequalities. The tools related to the needs assessment provides:
- information on general data requirements that should be taken into account when assessing the regional health situation,
- an overview of which data should be collected,
- information on where and how to collect this data,
- guidance on how to present, interpret and report data on health inequalities.

The tools related to capacity assessment focus on involving local stakeholders and provide information on

---

1 We will henceforth use the term inequalities rather than inequities. Health inequities are considered avoidable differences in health that are unfair and unjust while health inequalities are more broad and also include differences due to biology or free choice. Since in practice the distinction is hard to make, we will use the term health inequalities.
how to assess and address capacities needed to tackle health inequalities such as organizational development, workforce development, resource allocation, partnerships, and leadership. A practical interview guide to do a capacity audit is included.

The tools related to setting priorities and choosing actions provide information on mechanisms and strategies how to address health inequalities, how to set priorities and consider appropriate actions and how to translate priorities to regional action plans. It also contains a database that contains both effective and promising policies and interventions for addressing socioeconomic health inequalities.

The tools related to impact assessment provide information on how to do an equity focussed health impact assessment and gather information on economic impact of potential actions to reduce health inequalities. It includes a quantitative estimation tool that enables the estimation of the effects a certain action may have on socioeconomic health inequalities.

The Health Equity 2020 Toolkit is intended for everyone who wants to learn more about how to assess and address socioeconomic health inequalities in a regional setting (understood as any subnational setting such as state, district, province, territory, municipality, etc.). Most of the tools are also relevant for anyone wanting to learn more about how to address socioeconomic health inequalities in a local or national setting. The toolkit can be used with different starting points in the region and different user knowledge levels, although some basic knowledge of health and health determinants is required.

Experiences from regions
The Health Equity 2020 Toolkit was piloted within the HealthEquity-2020 project in 10 regions from 10 different European countries located in the Central and Eastern part of Europe. The involved regions were very diverse in size, health priorities, and demographics. The experience of these regions was that the toolkit accommodates the different starting points of the regions. The toolkit focuses on facilitating the process; it provides theoretical background and practical examples in each phase while leaving room for different regional contexts and challenges.

The Health Equity 2020 Toolkit was well received and used within the regions. It is thought to be very useful in the planning process for programming of addressing health inequities. Main strengths of the toolkit are the clear and structured approach, the good theoretical background with concrete examples, the universal usability, the easy accessibility and the potential to engage the broader community across sectors.

Challenges with using the Health Equity 2020 Toolkit were mainly related to data availability and language barriers. Many regions experienced that collecting quality data on health inequalities at regional level was difficult. Therefore, the tools related to needs assessment provide information on how to enhance data availability in the region. For several regions that have used the toolkit a result was that they want to improve monitoring of health and inequalities in their region. Another challenge in using the toolkit is that it is, so far, only available in English. In the near future, it will become available in Slovenian and Slovakian as well. Translating the toolkit into local language may further increase its reach and use.

Policy implications
To create sustainable action plans that are effective in reducing health inequalities, it is important that they address regional needs, are evidence based, are supported by local stakeholders and are integrated within regional development plans. The Health Equity 2020 Toolkit provides a practical, hands-on approach to create these action plans. It helps users to understand health inequalities at the local and regional level and assists in developing evidence-based regional action plans to tackle these inequalities.

We invite everyone to make a move in reducing health inequalities and use the Health Equity 2020 Toolkit to do so. The full version can be accessed free of charge at survey.erasmusmc.nl/he2020.

More information on the HealthEquity-2020 project can be found at www.healthequity2020.eu.

---

**HealthEquity-2020:** Equity is about fairness and justice. Promoting equity is essential if human and social development is to be combined with economically productive societies. Reducing health disparities is important, and the upward trends for such differences call for further innovative, collaborative actions at all levels. The general objective of the HealthEquity-2020 project is to assist Member States & regions to develop evidence-based regional action plans on reducing health inequalities, which also informs the use of Structural Funds in the present and new programming period.

This policy brief arises from the project HEALTH EQUITY – 2020 which has received funding from the European Union, in the framework of the Health Programme. This policy brief does not necessarily reflect the commission’s views and in no way anticipates the commission’s future policy in this area.