



*Advancing knowledge and  
policy to promote greater health  
equity*





**DRIVERS focuses on three key drivers of health to reduce health inequities: early childhood development, employment, and income & social protection**

DRIVERS aims to:

- Review existing evidence
- Improve methods of advocacy for health equity
- Conduct case studies across Europe
- Develop recommendations for policy, practice and research



Co-ordinated by EuroHealthNet, it brings together leading researchers, civil society organisations and businesses



# Third parties & affiliated research network

## Third parties

Public Health Wales (Wales, United Kingdom)  
PROLEPSIS (Greece)  
GEOG (Austria)  
Blackburn with Darwen Borough Council (England, United Kingdom)  
University of La Laguna (Spain)  
Institute for Health Care Improvement (CBO, Netherlands)  
National Institute for Health & Welfare (THL, Finland)  
Northern Ireland Early Years (Northern Ireland)  
Children in Scotland (Scotland, United Kingdom)  
University Cluj (Romania)  
Family, Child, Youth Association (Hungary)

## Affiliated research network partners (social protection & income)

Department of Health Sciences, Mid Sweden University (Sweden)  
The Norwegian Social Research (Norway)  
University of Uppsala (Sweden)



## For more information:

- ✓ Visit the website: [www.health-gradient.eu](http://www.health-gradient.eu)
- ✓ Sign up for the DRIVERS newsletter
- ✓ Contact [info@health-gradient.eu](mailto:info@health-gradient.eu)



# Social inequalities in child health and development: Evidence from Europe

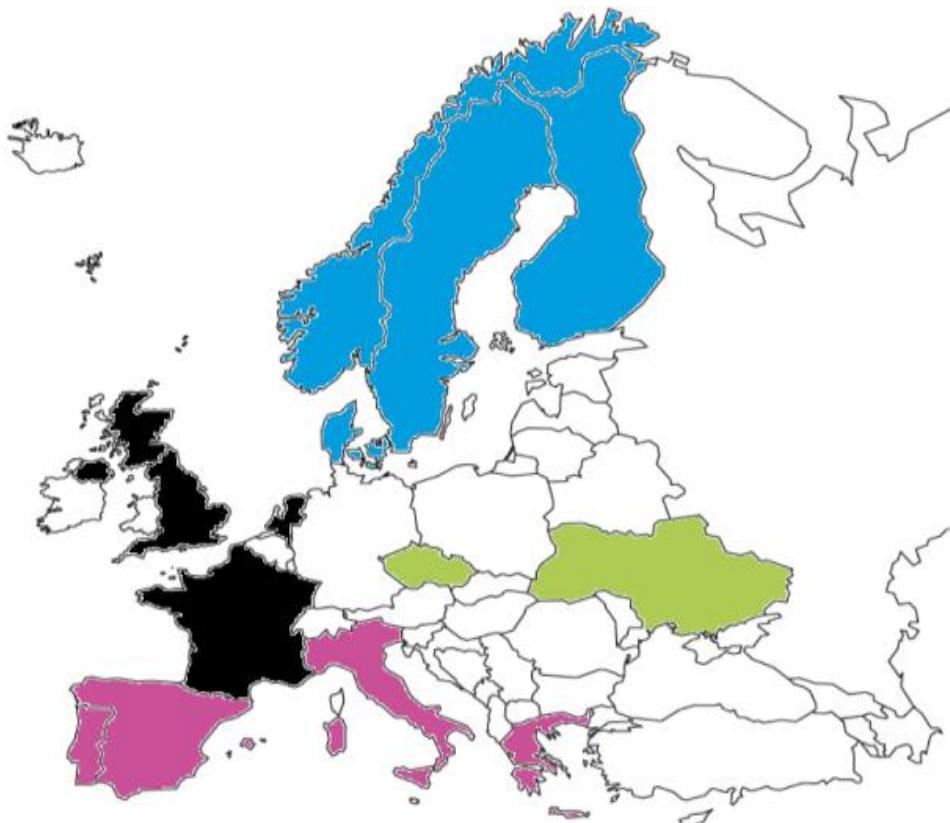
University College London



# From birth to early childhood

- DRIVERS has shown how social factors at the household, community and country level are associated with a wide range of adverse health and developmental outcomes
- Improving developmental outcomes during early childhood provides *substantial* and *life-long* benefits for children and their families

# Comparative analysis of 13 European populations



- Children from northern, southern, western and central Europe
- **Estimate** social inequalities in key milestones of child health & development
- **Explain** these inequalities by studying the complex relationships between social factors and child well-being

# Advancing the knowledge base

## Our work will respond to these questions:

- What is the extent of social inequalities in early childhood health and development in all European regions?
- What are the key social factors and the pathways that drive these inequalities?
- How can we monitor the impact of multiple social disadvantage better?
- Which effective interventions are being carried out to reduce inequalities in the social determinants of children's health and development?



# Realising fair employment: Focus on in-work poverty

University of Düsseldorf



# Background

- Employed people are exposed to wide inequalities in the quality of work and employment across EU member states
- Poor quality work and employment has direct adverse effects on workers' health due to noxious and stressful work environments and job conditions
- Emerging threats to workers' health in a globalised economy include increased work intensity, job instability, unfair pay and social exclusion. These threats need to be addressed by developing appropriate labour and social policies at national and international levels

# Recent DRIVERS research findings

Stressful work as defined by:

1. high demand combined with low job-task control  
*and / or*
2. high effort spent and low reward received in terms of  
low wage, job insecurity, lack of recognition

increases the risk of suffering from stress-related disorders  
(mainly depression and coronary heart disease)

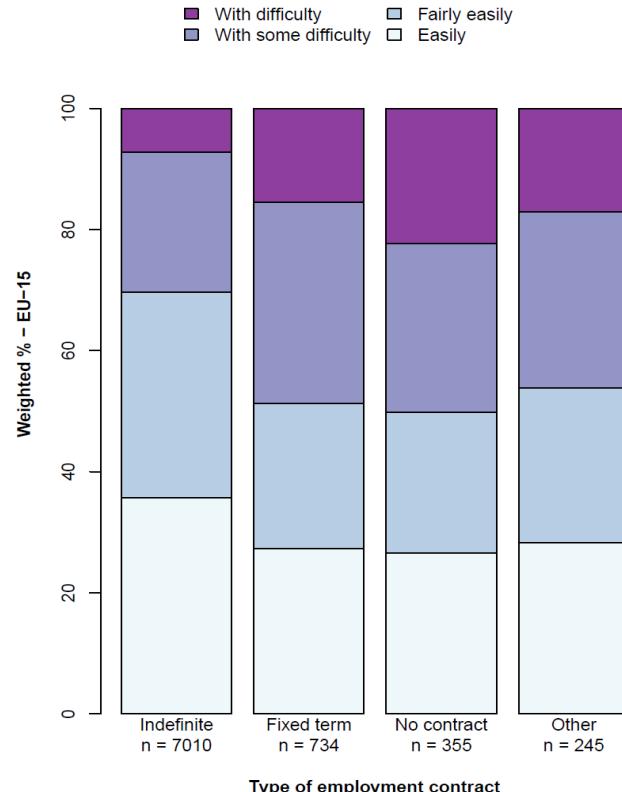


**People confined to in-work poverty are particularly vulnerable to stressful work. Workplace health promoting policies (including access to occupational health services) should be prioritised in such workplaces**

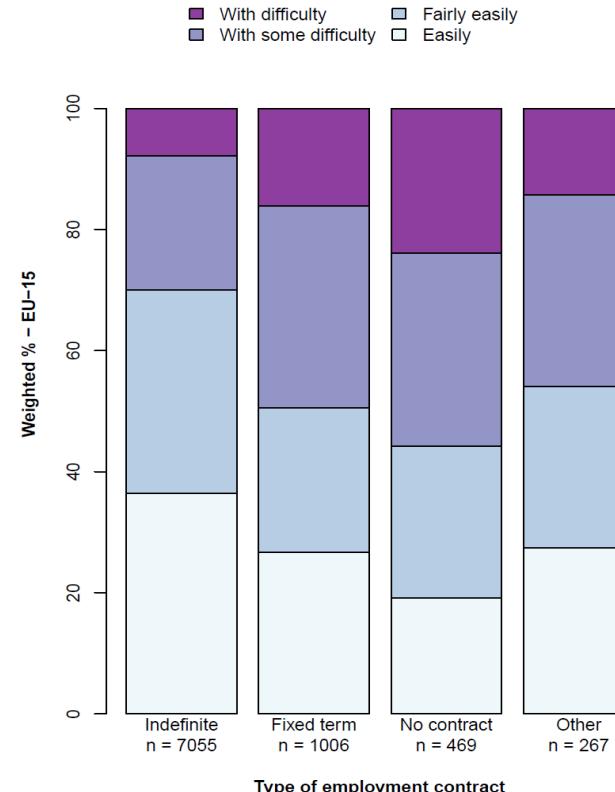
# In-work poverty: the European dimension

Thinking of your household's total monthly income, is your household able to make ends meet...?  
Employed respondents between 20 and 65 years old – EWCS 2010

Men, n = 8344



Women, n = 8797





# **Social protection and income maintenance policies affect health and health inequalities**

CHESS, Stockholm University

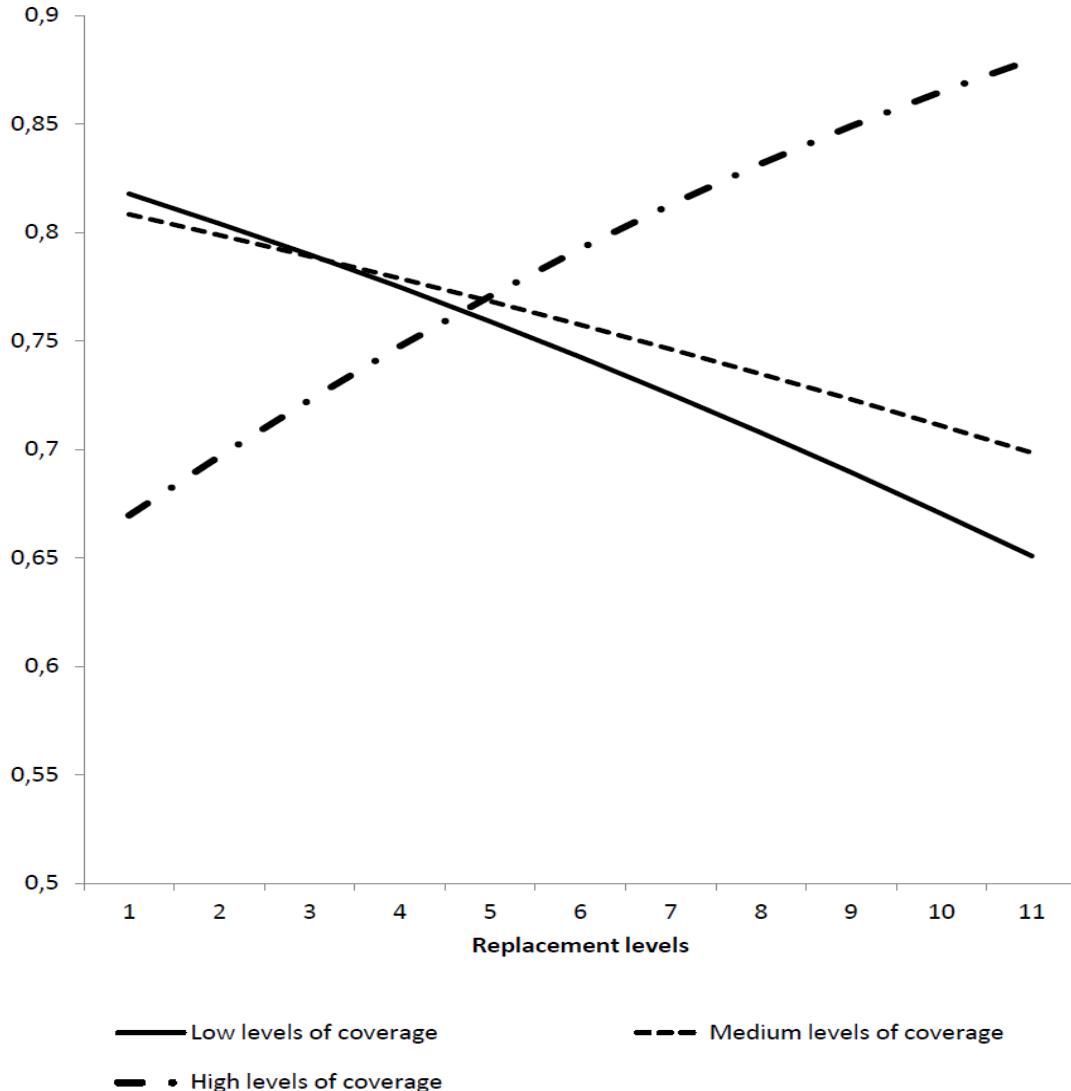
# Economic resources: key social determinant of health

- Economic resources are linked to health through material, social and psychological factors
- Economic resources come from different sources
  - Individual and family generated through e.g. gainful work
  - Collective resources provided through the welfare state
- Health inequalities can be affected via social and economic policies – through the welfare state
  - Supply and quality of collective resources likely to influence people's ability to sustain their health and well-being
  - The less people have in terms of individual resources the more important it is that they can draw on collective resources

# Unemployment benefits and health

Higher replacement levels (more generous benefits) are linked to better health, but only when the coverage is high, i.e. a large proportion of the workforce is covered by the unemployment insurance

Figure 3. Predicted levels of self-assessed health according to coverage (low, medium and high) and replacement levels of unemployment benefits



Source: Ferrarini, Nelson & Sjöberg (2013)  
Social rights and subjective health in Europe. DRIVERS paper

# Findings and preliminary conclusions

- Look at what welfare states *do*, not what they are labelled or how they are categorised
  - Social rights and/or social expenditures more promising than welfare regime approaches
- Relationship between level of ambition for social protection (coverage + replacement levels), health & health inequalities
- Specific programmes (e.g. unemployment benefits) have measurable and positive effects, but more extensive social protection in a range of programmes taken together appear to be more important