

GLASGOW DECLARATION

'ALL HANDS ON DECK' TO CLOSE THE HEALTH INEQUALITIES GAP

Introduction

Glasgow welcomed Europe and beyond to the 7th European Public Health Conference between 19 and 22 November 2014. Sixty-five countries were represented by over 1500 delegates, who gathered to discuss and debate the knowledge and practice of reducing health inequalities.

Over the course of the conference, which included seven plenary sessions, over 100 parallel sessions, about 300 posters and 6 films, delegates had the opportunity to share findings from research and experiences with innovation in all fields of public health and health services.

Researchers, educators, policy makers, community representatives and health managers from Europe and beyond shared new information and insights from their experiences with interventions to reduce health inequalities, the theme of the conference, and developed a deeper understanding of the urgency to address this issue.

This Declaration summarises broad ranging discussions over the three days of the conference, drawing upon rapporteurs' notes across all the sessions.

The facts

Health inequalities exist not only between countries but also within countries. Health inequalities refer to differences in people's health and life chances. Health inequalities are strongly related to the conditions in which people live, such as their income, employment status or the area they reside in. In the UK, for example, those living in the richer areas will live, on average, seven years longer than those who live in poor and deprived areas. Priority areas in health inequalities are tobacco, alcohol, addictive drugs and poor diet.

While there are some welcome indications that inequalities have started to narrow in recent years, at least on an absolute scale, they are still unacceptably large.

The evidence presented at the EPH Conference in Glasgow was overwhelming:

- Health inequalities between countries amount to a gap of 8.9 years of life expectancy between Latvia (74.1 year in 2012) and Iceland (83.0 in 2012)
- Health inequalities within countries systematically favour the well off. In Glasgow, for examples, there is a nine-year gap in male life expectancy between neighbourhoods.

At the Glasgow 2014 conference, several promising examples were presented, including:

- Involving peer groups (professional sports clubs willing to 'buy in' to health improvement programmes for their fans) has a positive effect on lifestyle changes
- Green spaces in urban environments have a positive effect on mental health
- Regulation by authorities having a positive impact on healthy choices (e.g. Danish fat tax and UK sugar tax)
- Organising better access to healthcare by making ethnic/migration status a routine part of policy

Even though there have been successes, health inequalities are still unacceptably large. Recent trends, for example in cardiovascular disease mortality, suggest that reducing health inequalities is indeed feasible. National programmes in various European countries to tackle health inequalities have so far been only partly successful, and have shown that we need to re-think what is needed to measurably reduce health inequalities at the population level. The focus going forward should be on a reduction of absolute and relative health inequalities.

The solutions

Glasgow 2014 has made us aware that we not only have to 'mind the gap' in health inequalities, we need to go much further than that. It is ALL HANDS ON DECK! The whole public health community, the whole society needs to get involved in reducing health inequalities.

We need to:

- Increase the available data and also studies on how to achieve population wide impact
- Translate research/evidence to policy consistently and at all levels
- Understand what works to reduce health inequalities, for whom, and why
- Ensure that policies are based on established models of good practice and evaluated both in terms of economic and health benefits
- Exchange best practice (international, national) to learn from each other
- Think outside the box: topics to be covered include poverty reduction, improving employment and working conditions, tobacco and alcohol control and urban renewal
- Foster public engagement and solidarity
- Increase personal engagement
- Develop the commitment of the public health community
- Obtain a commitment from the community

The next steps

At the 8th European Public Health Conference, in October 2015, in Milan, Italy, we will evaluate what processes have been put in place that can reduce health inequalities. We encourage researchers, Governments, NGOs and funders to attend Milan 2015 and contribute towards this vision.