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Demetriq is coordinated by Professor Johan Mackenbach (Erasmus Medical Centre, Rotterdam) and Professor Margaret Whitehead (University of Liverpool).

Of its 11 Work Packages (WPs) Demetriq has six which will be conducting primary research, each led by experts in that field. These project partners, below, hail from the Sweden, the United Kingdom, Finland, Italy and Poland but Demetriq also involves much wider cross-European collaboration.



WP 4 Unemployment

Prof Bo Burström, Karolinska Institute, Sweden

WP 5 Poverty

Prof David Stuckler, University of Oxford, UK

WP 6 Tobacco control

Profs Ken Judge and Steve Platt, University of Bath, UK

WP 7 Alcohol control

Profs Pekka Martikainen and Kimmo Herttua, University of Helsinki, Finland

WP 8 Education

Prof Olle Lundberg, Stockholm University, Sweden

WP 9 Preventive health care

Prof Giuseppe Costa, University of Turin, Italy
Prof Maciek Godycki-Cwirko, Medical University of Lodz, Poland

Reducing inequalities in the determinants of health

It is now widely understood that tackling health inequalities requires action not only on their specific determinants, but also on their root causes, like poverty, unemployment, and unequal access to education. Therefore we urgently need to better understand the impact of a wide spectrum of policies. However these are seldom evaluated for their impact on population health in general let alone their impact on different socioeconomic groups. Furthermore, different European countries implement such policies in different ways, but so far this variation has not been widely used to generate new knowledge about what does and doesn't work in reducing health inequalities. The Demetriq project aims to use the opportunities offered by such 'natural policy experiments'.

Methodologically, this is a highly challenging task which requires methodological innovation as well as harmonized data collection. Demetriq (Developing methodologies to reduce inequalities in the determinants of health) has been designed to meet this challenge.

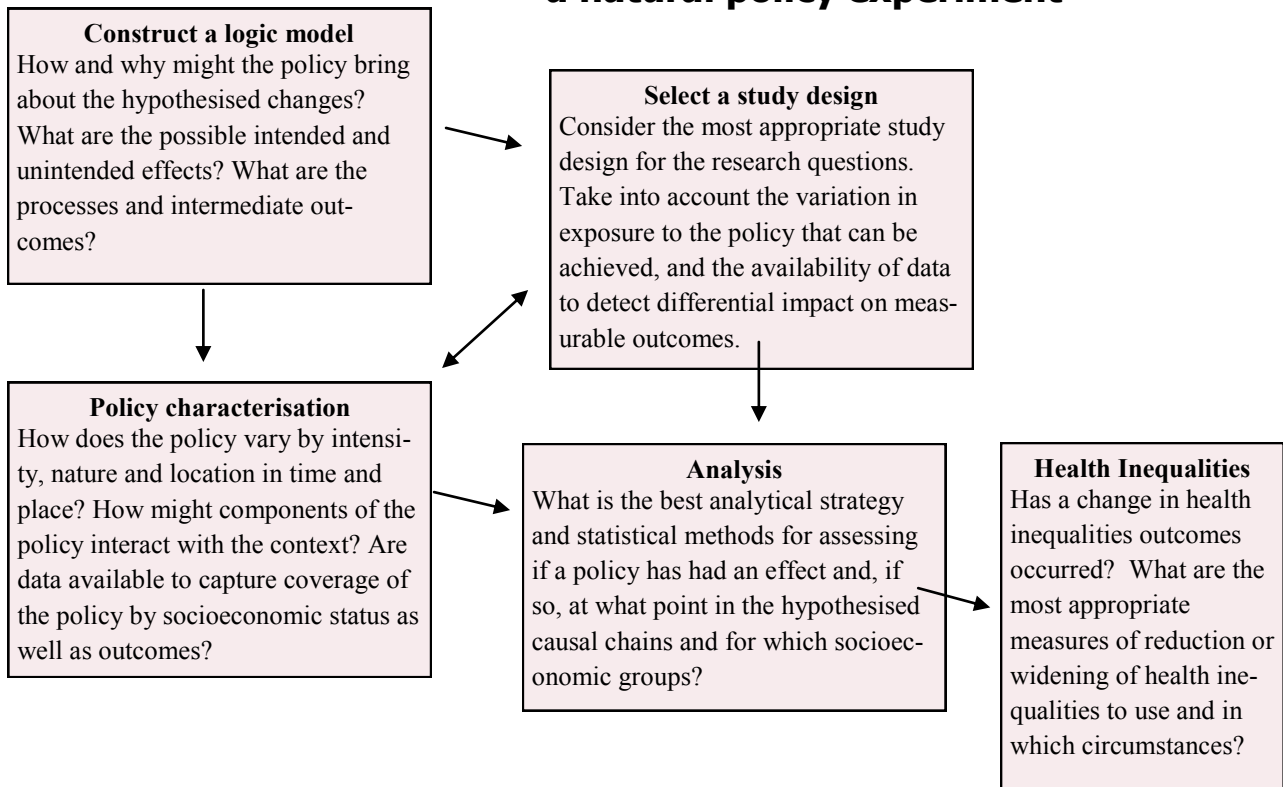
It is not possible to develop innovative methodologies as a theoretical exercise in isolation from real-life policy evaluation. Therefore our methodological development goes hand in hand with investigating the impact of selected key policies. Our six work packages above focus on important strategic drivers of reductions in health inequalities. Natural pol-

icy experiments involving each of these six drivers have been identified and the methods we are developing are now being tested and refined by evaluating these experiments.

In the final stages of the project we will draw together everything we have learned through this process in order to construct methodological guidance for future researchers and policymakers.

In this way we hope to make a significant contribution to the complex and important task of establishing how population-wide social policies can be designed to reduce health inequalities.

Steps in constructing an evaluation of a natural policy experiment



Collecting and comparing data over time and across Europe

A significant problem when trying to compare how policies impact on health inequalities over time in different European countries is accessing the necessary data. It is not that such data does not exist: on the contrary, information on population exposure to a wide range of health determinants is available for many European countries as is information on a range of health outcomes according to socioeconomic position. However there are many variations that must be dealt with before data from different countries can legitimately be compared. Such variations can include the way respondents and samples are selected; how non-responses are treated; how variables are classified and measured; how studies are designed and how frequently they are followed up.

Demetriq's WP2 has developed detailed rules for harmonising this data and over the last few months WP3 has been receiving data covering 40 years (1970-2010) from many European countries. Two types of health outcome data are being collected: health survey (morbidity) and mortality data. Both include data on relevant socio-economic characteristics such as educational achievement, income/poverty levels and employment. Once the data has been collected and harmonised, WP3 will analyse

trends in health determinants and health outcomes by socioeconomic group in a range of European countries and share this information with the other Demetriq WPs. At the end of the project the underlying data will be made publicly available so that it may stimulate further research.

So far, we have received health survey data from 22 countries and regions. This includes data on self-assessed health, long-standing illness and chronic conditions, smoking, excessive alcohol consumption, being overweight, and use of primary and preventive health care services. On average, each country has provided data from five periods, making a total of 113 health survey datasets.

WP3 has also collected data on 55 important causes of death, including 'sentinel causes' i.e. causes regarded as preventable by medical intervention, which point to specific determinants such as smoking and alcohol consumption. Data on mortality have been collected for 15 countries and regions, for an average of two periods for each country, resulting in a total of 37 mortality datasets.

Data files continue to arrive and more are expected in the coming weeks.

We would like to thank all our data partners for their valuable help with the preparation of an impressive set of data files. Many thanks to partners in: Norway, Sweden, Finland, Denmark, Estonia, Lithuania, Latvia, Czech Republic, Poland, Hungary, Slovenia, Ireland, England, Scotland, Netherlands, Belgium, Austria, Switzerland, France, Turin, Spain, Portugal, Madrid, Basque Country and Barcelona (so far...)



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