A participatory process for promoting equity in urban health in Turin
Which are the policies with the highest potential to equally improve health in an urban setting ?

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A case study

The Turin case-studies (H2020 Mindmap and EuroHealthy) aim to engage and involve policy makers of the city in developing **an exercise of "priority setting"** in order to select policies and actions that are more promising in reducing health inequalities.

Rationale

Using health inequalities as a guide to identify achievable health potential benefits in the city of Turin: if somebody has done better… it can be done!

What message and what evidence?

The last 40 years of the history of the Turin social and health profiles have been compared in a recently published review of health inequalities.

Based on data from the **Turin longitudinal study** (an epidemiological surveillance system which allows to associate social and health carriers of individuals and families linking administrative data at individual level)

Turin Longitudinal Study (TLS)

Turin: about 900,000 inhabitants, North-West of Italy

TLS records for 2,391,833

persons who were resident in Turin since 1971 to August 2014.

Individual record linkage between:

Socioeconomic information

Population census 1971
Population census 1981
Population census 1991
Population census 2001
Population census 2011

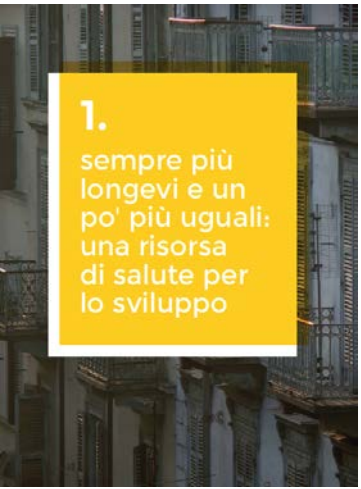
Health outcomes

causes of death	(1971-2014)
hospital admissions	(1995-2014)
cancer registries	(1986-2010)
diabetes registries	(2002-2011)
outpatient visits	(2000-2012)
drug prescriptions	(1997-2012)

Stakeholders directly and indirectly engaged

Area	Participants	Receiving information
Public administration - Region, Municipality - social and welfare, education, environment, ICT, employment, household - local health authority - Innovation and smart city	18	48
NGOs - lenders and donors (banks and foundations), start up, Church, migrants health network	18	37
University and research centers	14	21
Labour unions	6	11
No profit	3	12
Mass media	1	8

What message and what evidences?



HEALTH PROFILE

- Trend
- Social determinants
- Compared to other European cities

WHERE YOU LIVE

- Geographical inequalities
- Segregation
- Environment
- Vulnerability
- Violence and accidents

WHO YOU ARE

- Family
- Household
- Employment
- Income
- Education
- Healthcare
- Immigrants
- Life course

WHAT NEXT

- Crisis
- Future perspectives

The process

22 November 2016

Knowledge transfer and dissemination

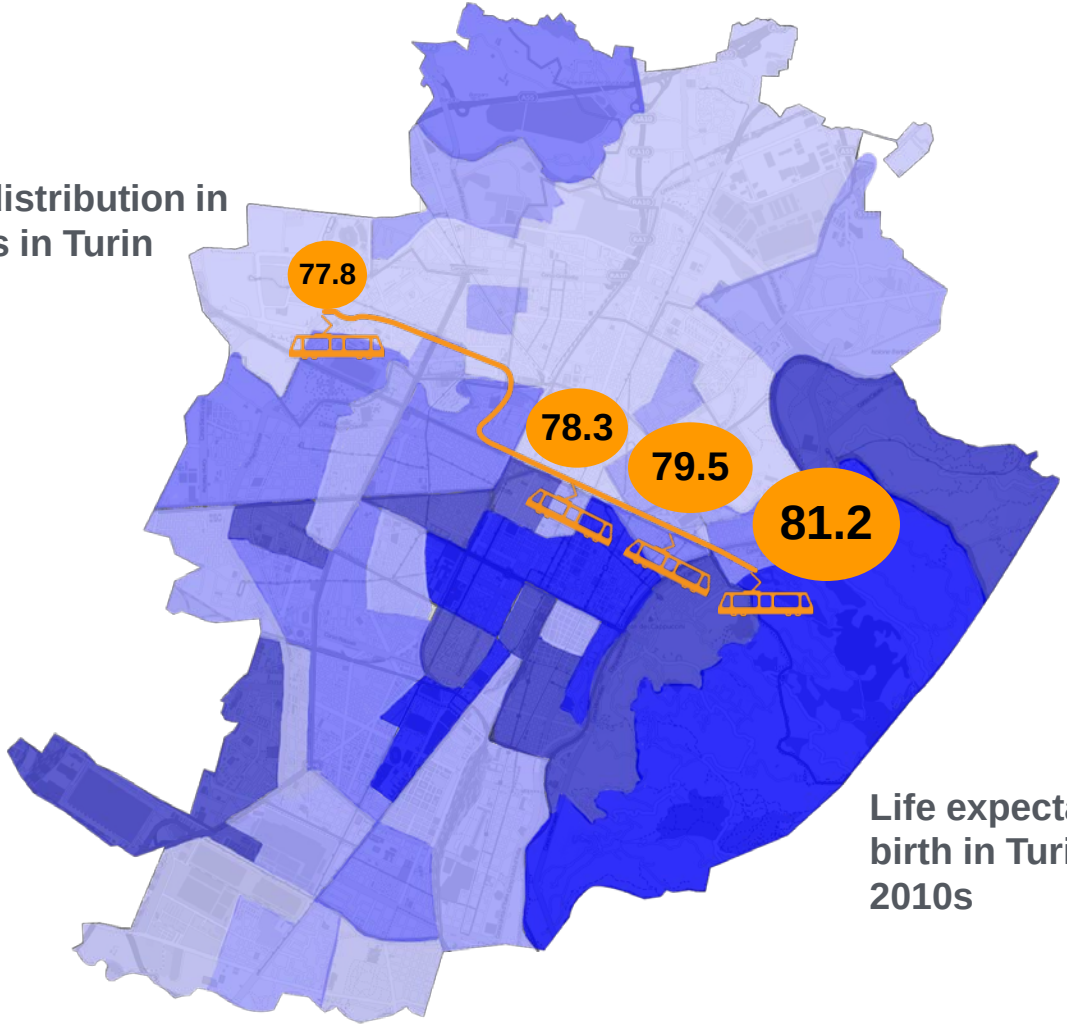
- General presentation of scientific data and evidences
- To understand health status of Turin population and inequalities.
- Presentation of **MINDMAP** and **EURO-HEALTHY activities**

LISTENING

& ENGAGEMENT

The EURO-HEALTHY project has received funding from the European Union's Horizon 2020 research and innovation programme under Grant Agreement No 643398.

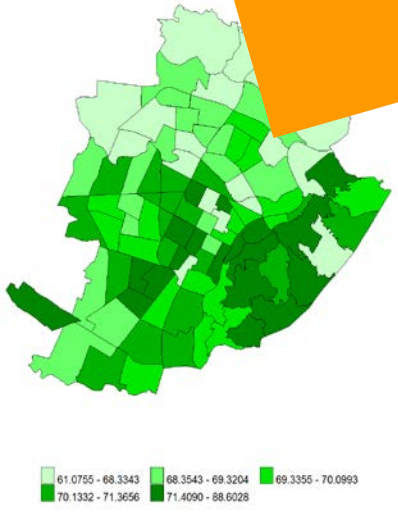
Income distribution in the 2010s in Turin

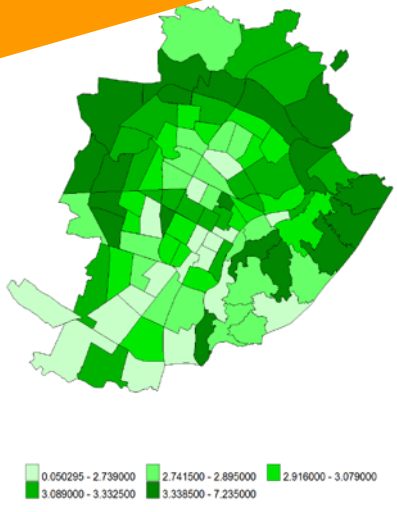


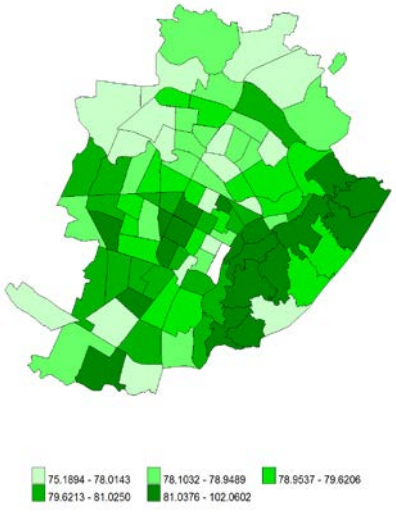
Life expectancy at birth in Turin in the 2010s

Inequalities in life expectanc[illegible]gh time

A successfull story







1970s

Improvements in life expectancy in 40 years

2010s

Diseases more associated with housing deprivation

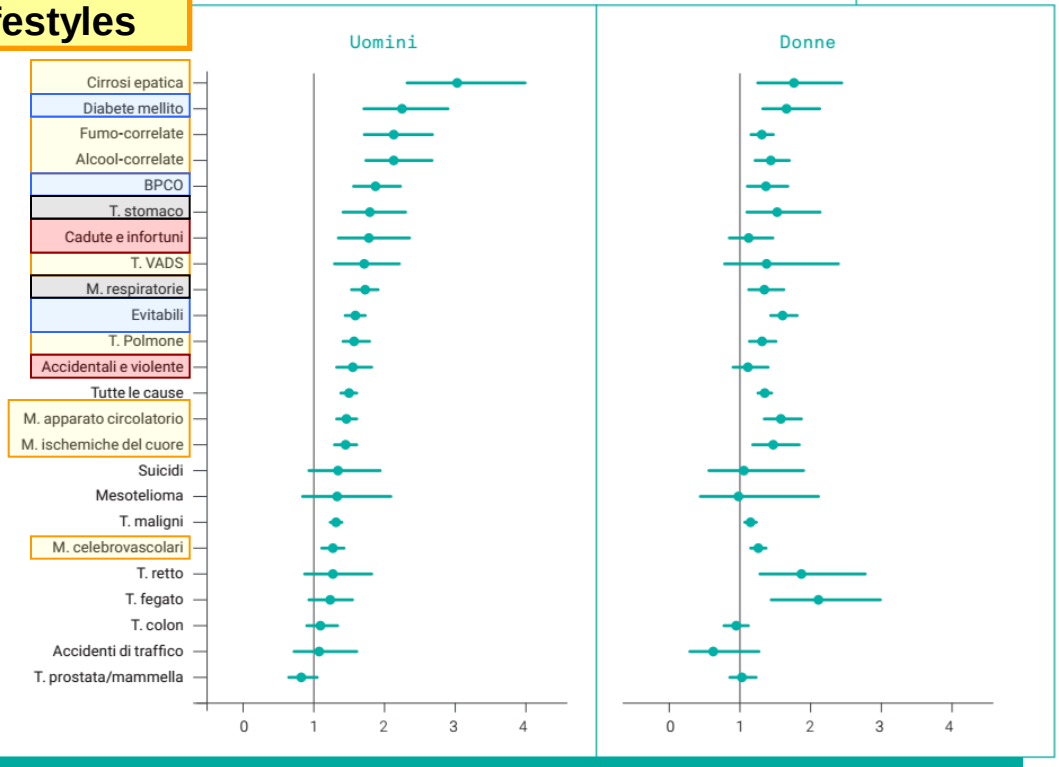
Unhealthy lifestyles

Barriers to prevention and care

Safety and security

Poverty and overcrowding

Figura 6. Rischi relativi di mortalità per causa di morte secondo la condizione abitativa disagiata (rispetto ad agiata=1) per genere. Torino, 2007-2011, età 30-99 anni.



The process

14 December 2016

a. Understanding the causal pathways
Stakeholders were offered deepened presentations of thematic areas

1. Life course approach (early life, migrants, elderly, education)
2. Access to health (employment, health care, income, education)
3. Structures (household, environment)

b. Concrete experience from the territory. Analysis and voices from the stakeholders **Interdisciplinary work groups** sharing experiences & best practices,

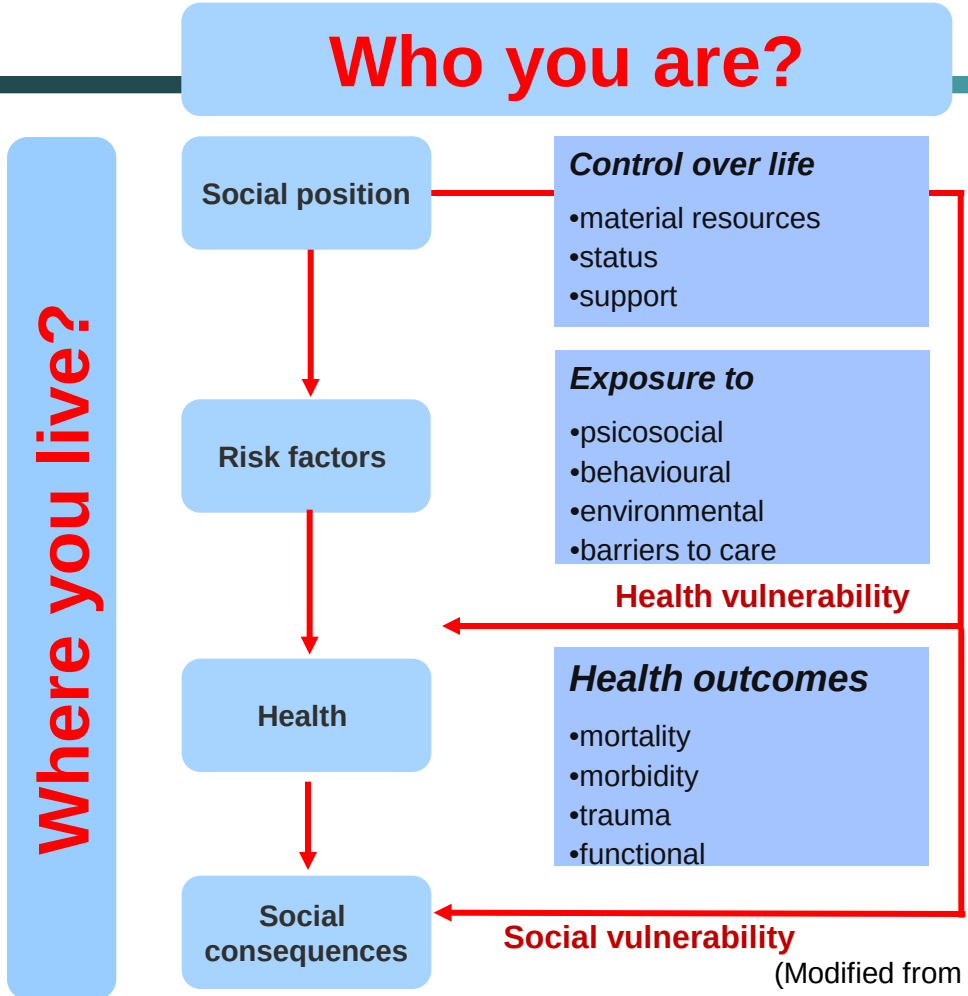
Identifying problems, strength and opportunities, challenges and weakness

RAISING AWARENESS

TEAM BUILDING & COMPARE

The EURO-HEALTHY project has received funding from the European Union's Horizon 2020 research and innovation programme under Grant Agreement No 643398.

Explanatory framework (mechanisms)



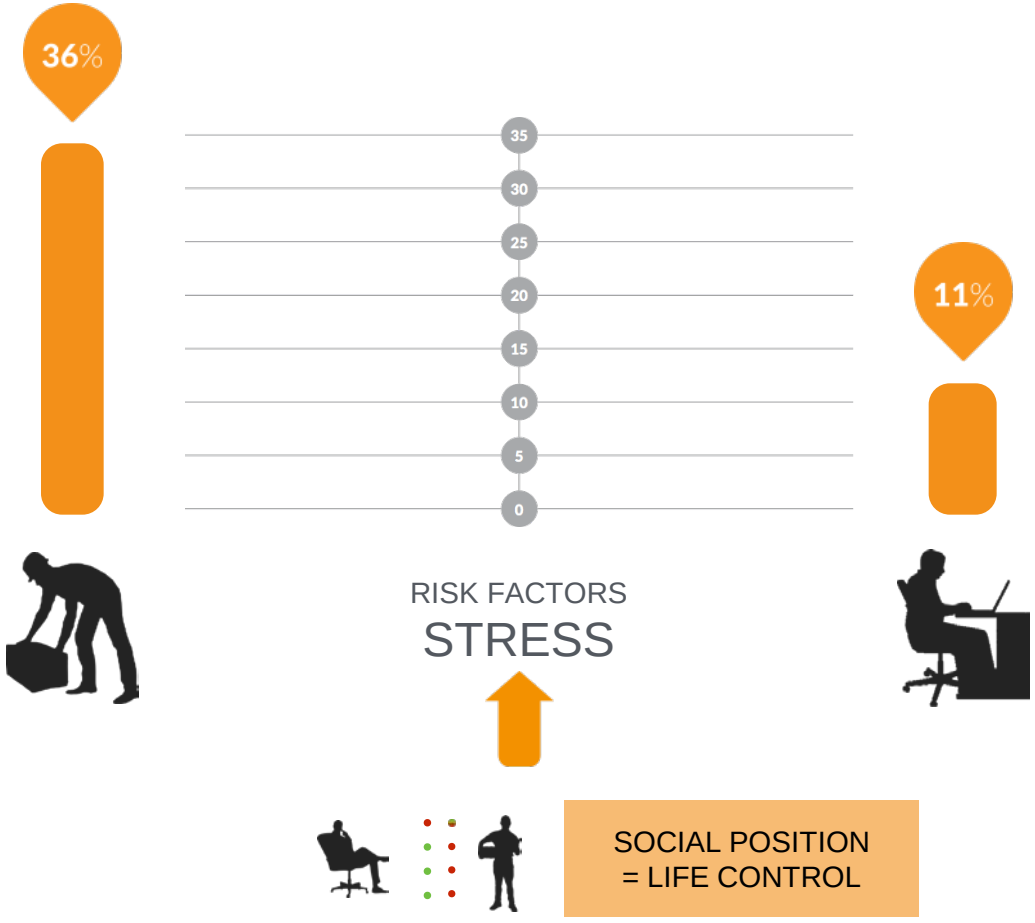
(Modified from Diderichsen 2001)

Who you are?

- DEMAND
- CONTROL
- REWARD
- SUPPORT

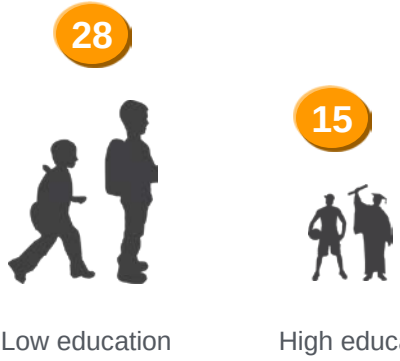
- DEMAND
- CONTROL
- REWARD
- SUPPORT

Job strain among the male workforce in Torino

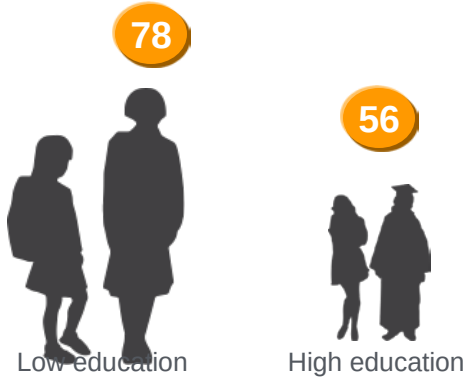


D' Errico et al., 2011 Elaborazioni su campione di occupati iscritti alla CGIL in Provincia di Torino

Smokers in Italy
Males 2015



Overweight in Italy
Females 2015



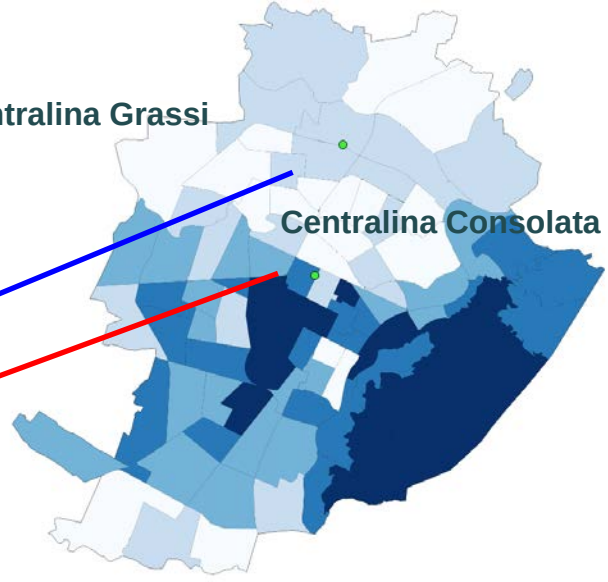
RISK FACTORS

LIFESTYLES

SOCIAL POSITION
= LIFE CONTROL

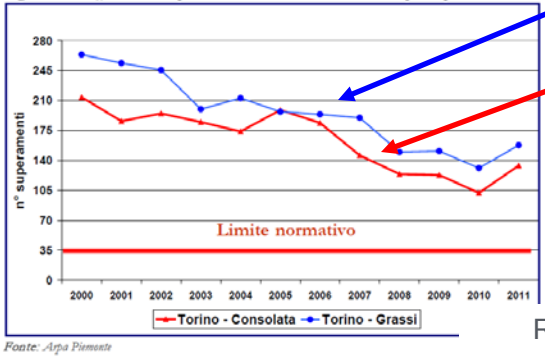
Centralina Grassi

Centralina Consolata



PM10

Figura 2 - PM_{10}, numero superamenti del valore limite di 24 ore per la protezione della salute umana



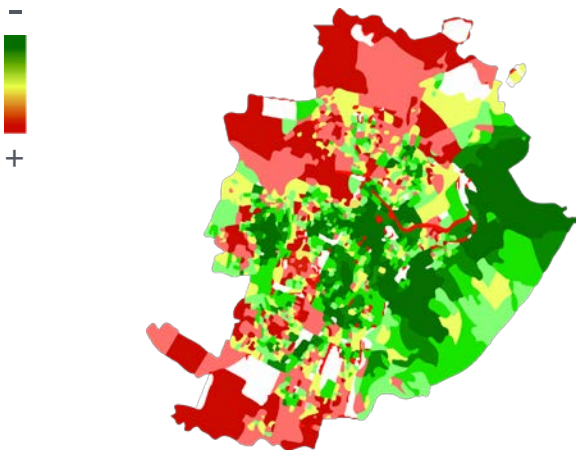
Fonte: *Arpa Piemonte*

RISK FACTORS

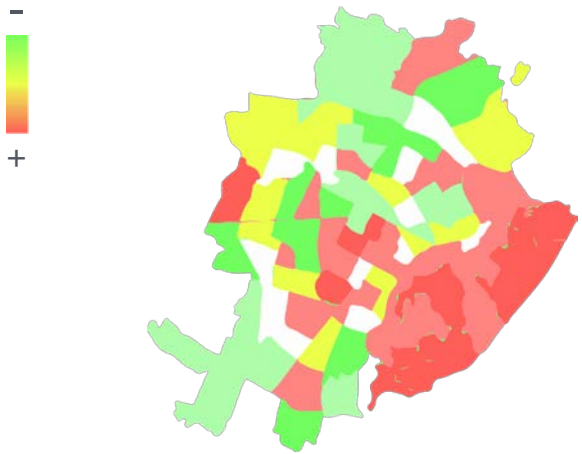
ENVIRONMENT

SOCIAL POSITION
= LIFE CONTROL

Acute coronary disease
In Torino, 2009



Coronary revascularization
In Torino, 2009



RISK FACTORS

BARRIERS TO CARE

SOCIAL POSITION
= LIFE CONTROL

Elaborazioni su dati dello Studio Longitudinale Torinese – Servizio Sovrazonale di Epidemiologia ASL TO3

RISK FACTORS

STRESS

LYFESTILES

ENVIRONMENT

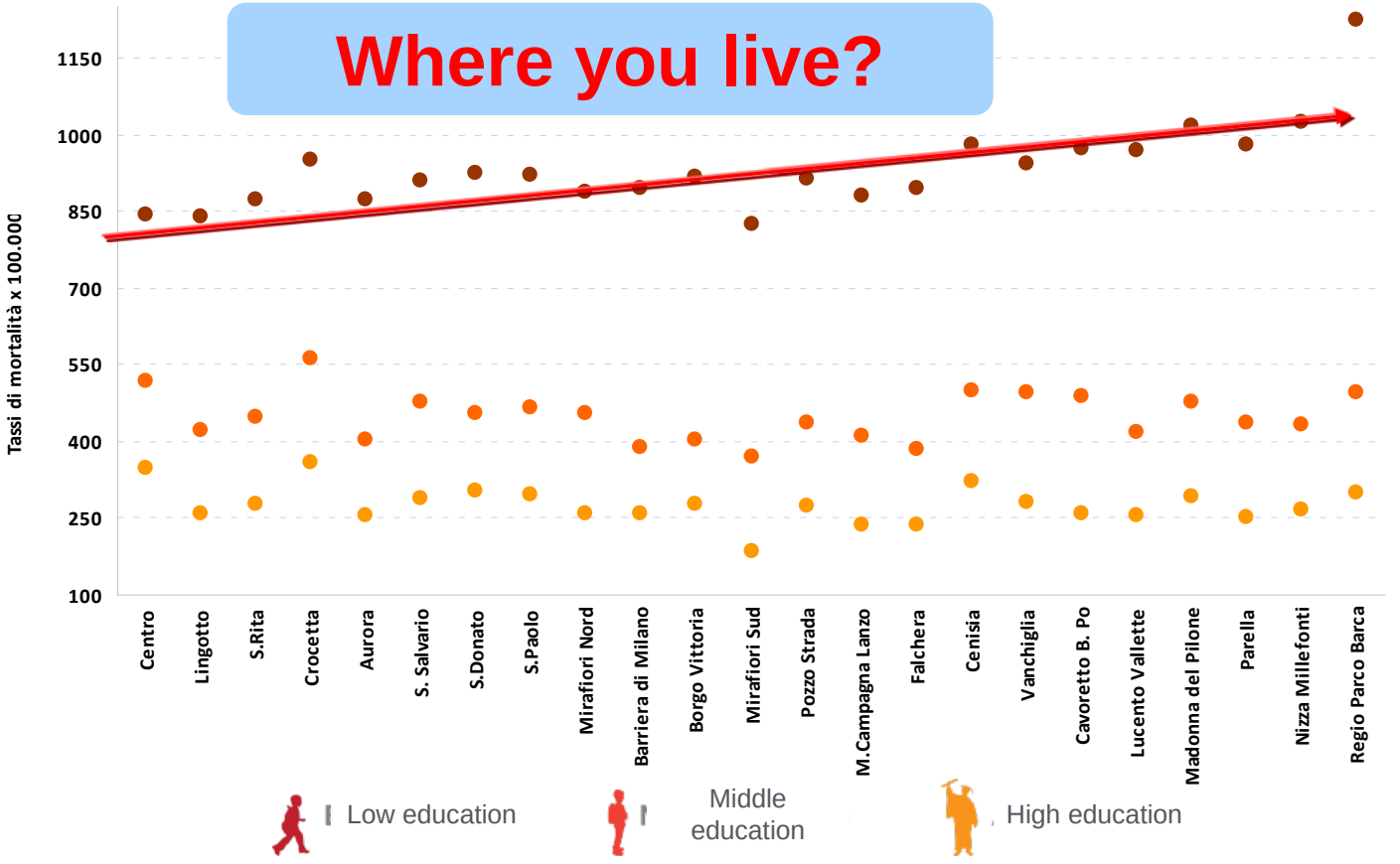
BARRIERS TO CARE

DISEASE

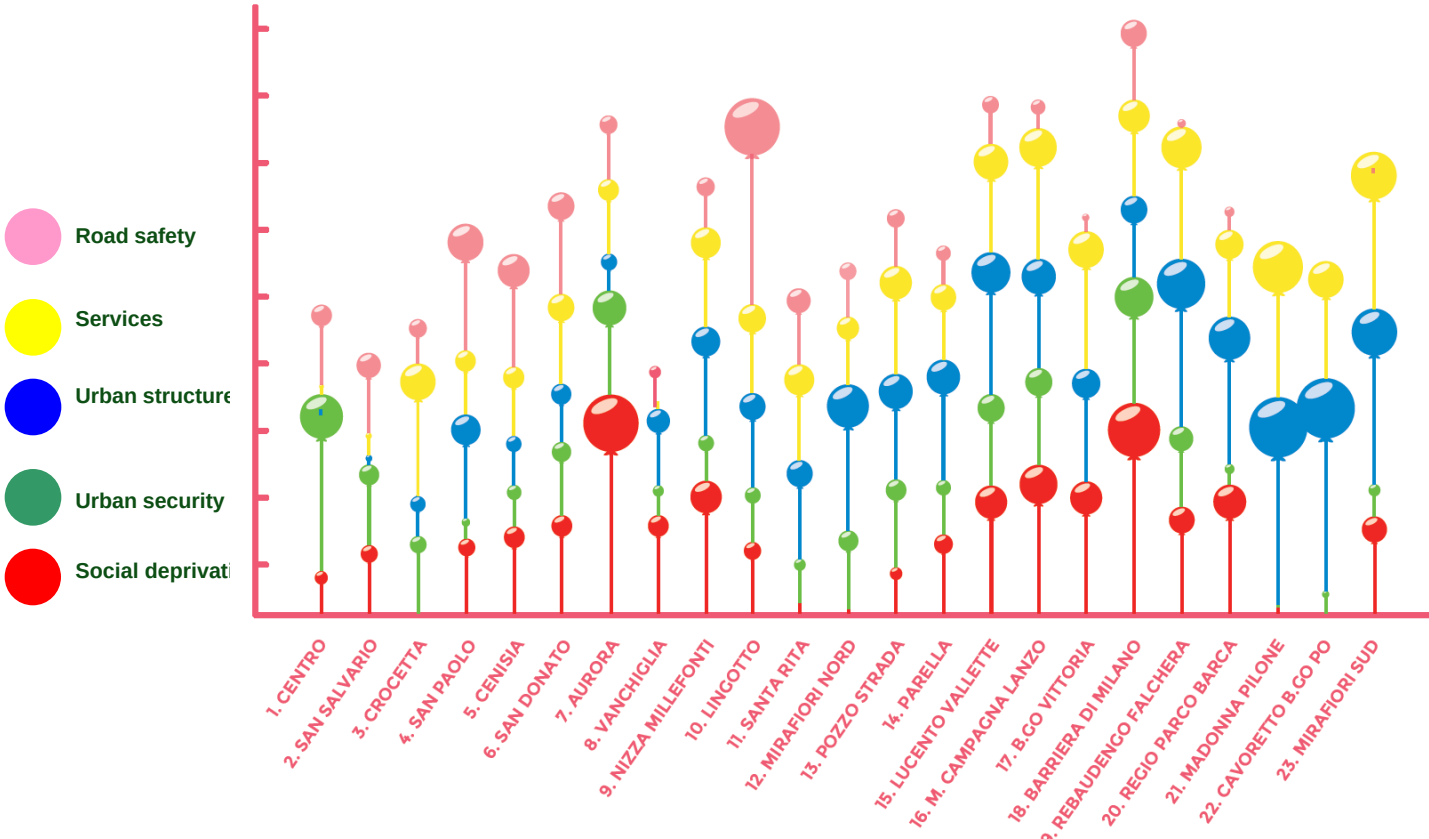
SOCIAL POSITION
= LIFE CONTROL

Cardano M., Costa G., Demaria M. (2004), Social mobility and health in the Turin longitudinal study, Soc Sci Med, 58(8):1563–74.

Educational inequalities in mortality by neighbourhood in Torino (1972-2012)



Axes of wellbeing (SDH) in Turin by neighbourhood



The process

12 January 2017

Aimed at developing a common **policy framework** to orient decisions and concrete actions towards measurable health outcomes

- defining problems, solutions, resources, responsibilities, tools and methods for action
- developing a participative approach

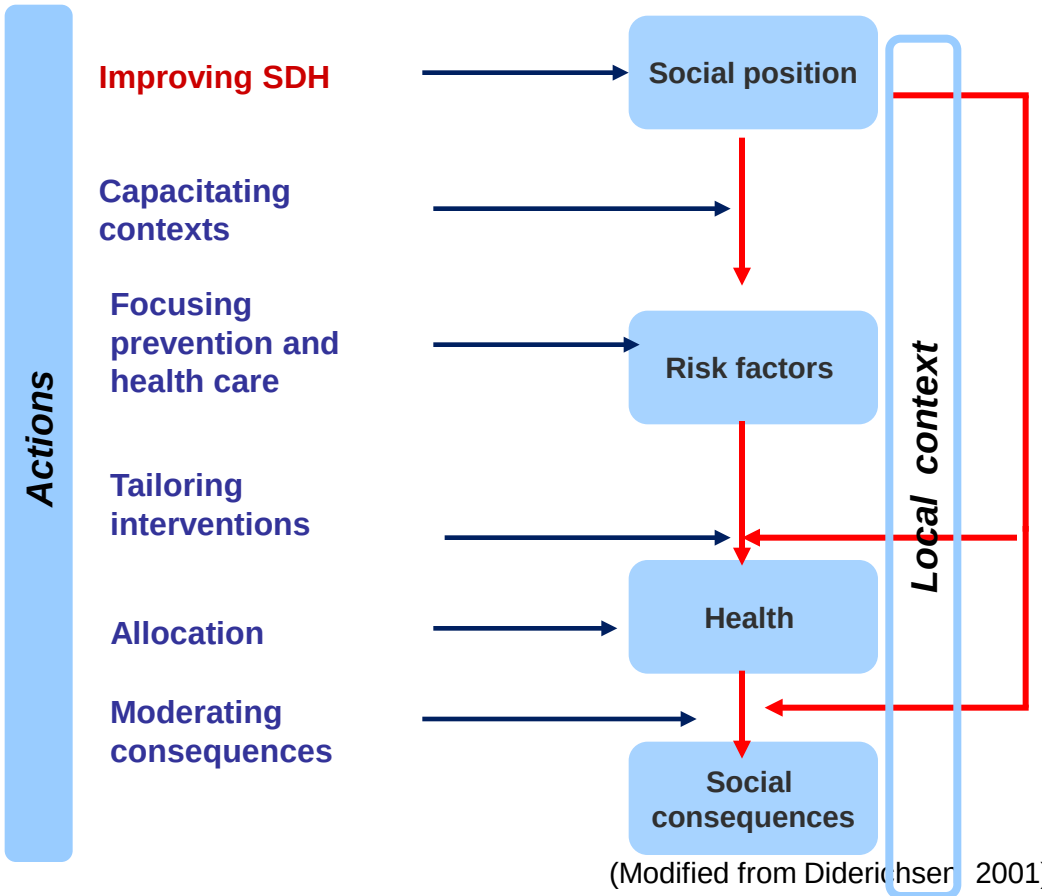
To propose potential inter-sectoral actions

FROM THEORY TO ACTION

What to do?
How to do?

The EURO-HEALTHY project has received funding from the European Union's Horizon 2020 research and innovation programme under Grant Agreement No 643398.

Policy framework for actions

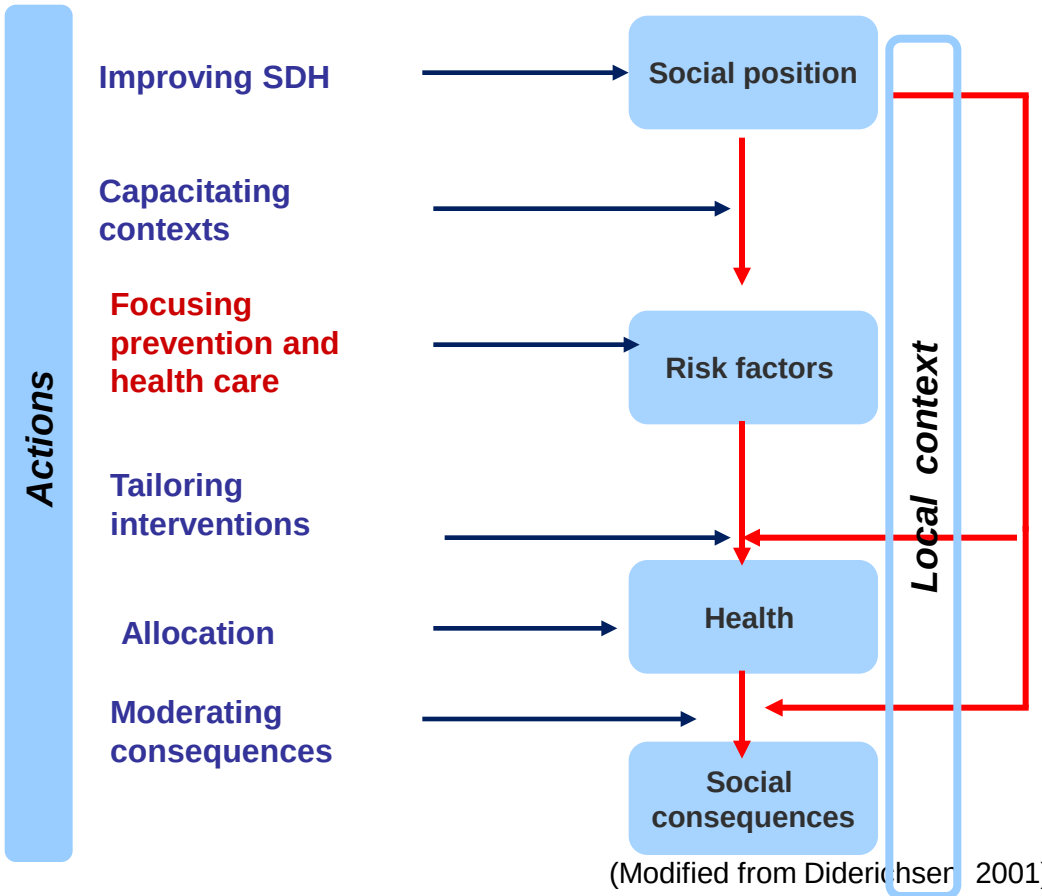


(Modified from Diderichsen 2001)

Differences in life expectancy at 65 anni by social class

Costa et al., elaborazioni su dati dello Studio Longitudinale Torinese – Servizio Sovrazonale di Epidemiologia ASL TO3

Policy framework for actions



(Modified from Diderichsen 2001)

Work injuries in the construction industry before and after implementation of the European directive on safety in the eight regions early complying to the directive

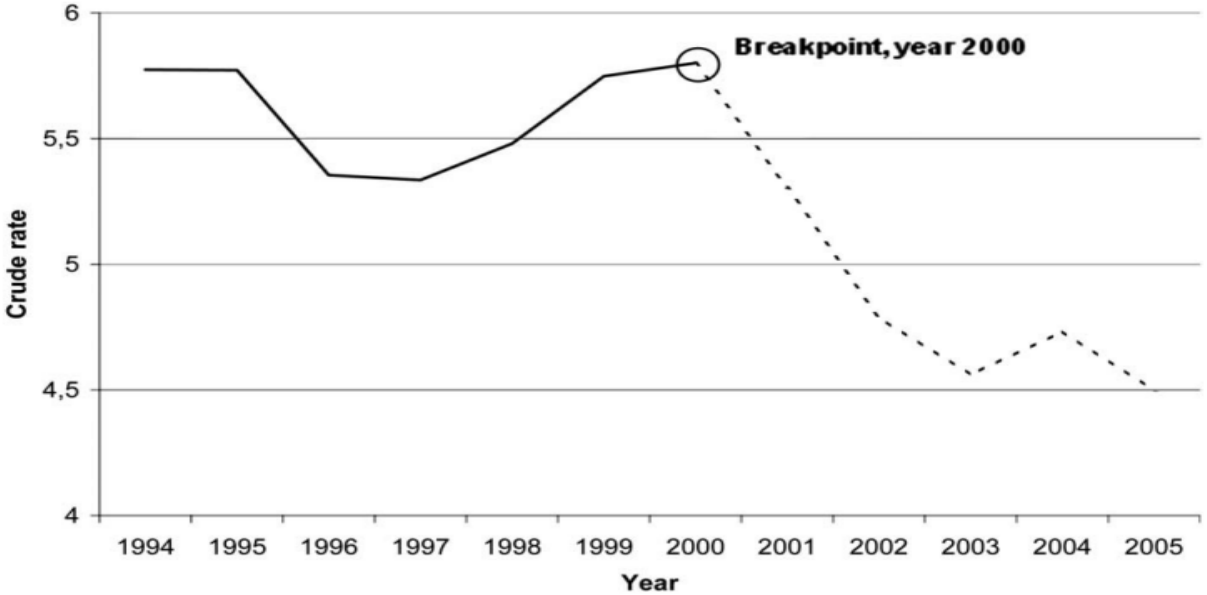


Figure 2 Early intervention regions' crude serious injury rate

Farina 2016

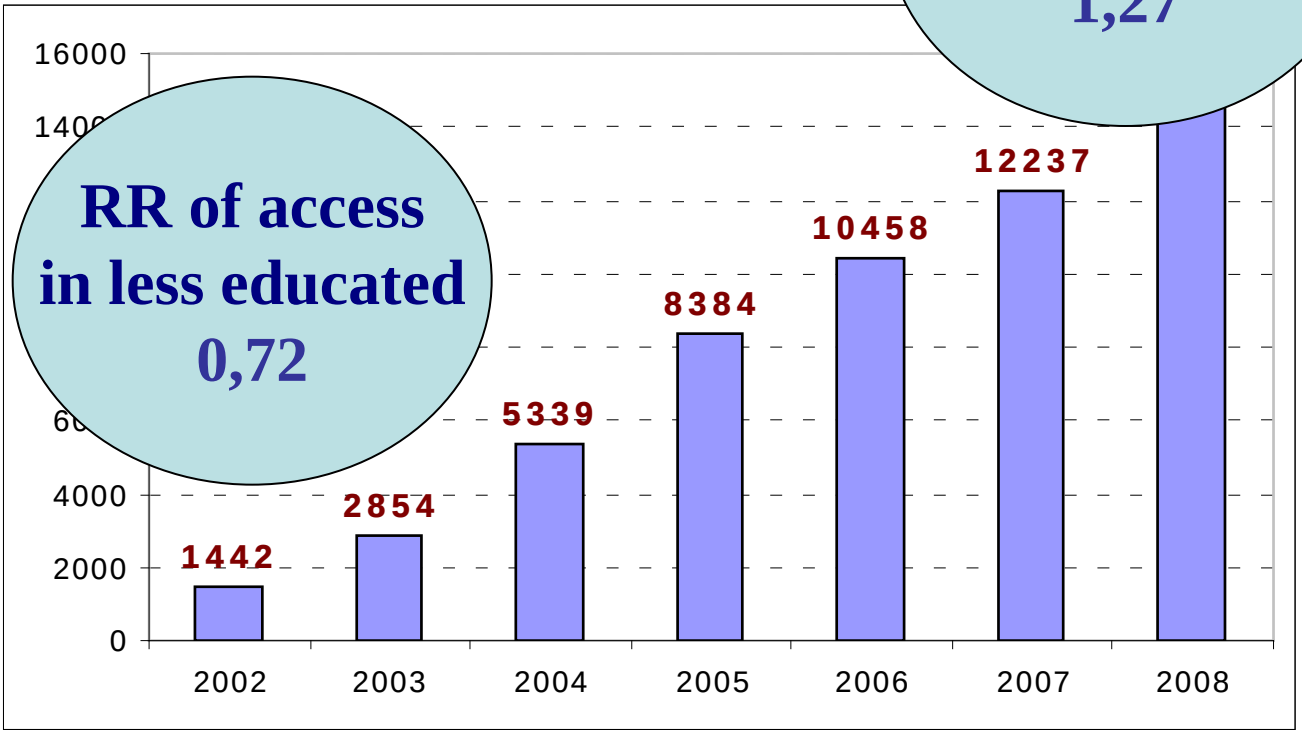
Compliance to guidelines in the integrated pathway of care of the DIABETES in Turin

Less mortality	Less inequalities	Same costs	Potential for improvement

	Mortality	Inequality	Cost	Coverage
	RR	RR	RR	%
MMG + Diab + LG	1	1.11	1	40%
MMG + Diab	**1.29**	1.15	1.14	60%
MMG	**1.72**	**1.30**	1.03	

Gnavi, 2013

Trend of PET utilization in Piedmont accordin



The process

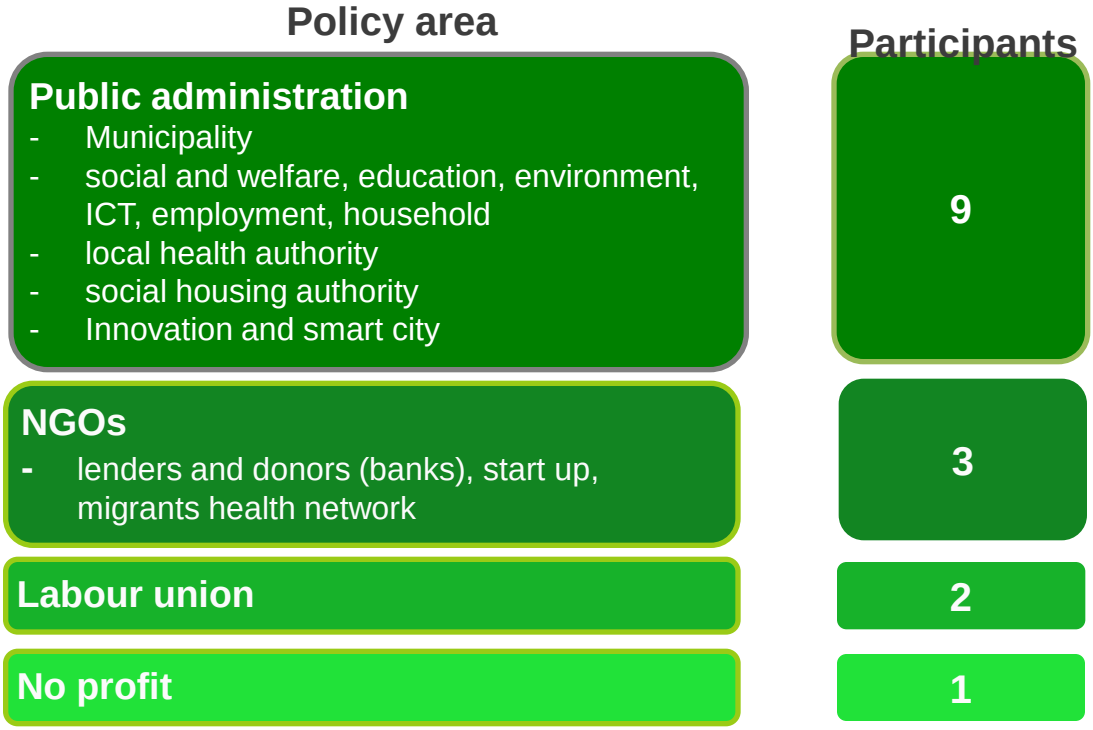
17 march 2017:

Plenary session, open meeting

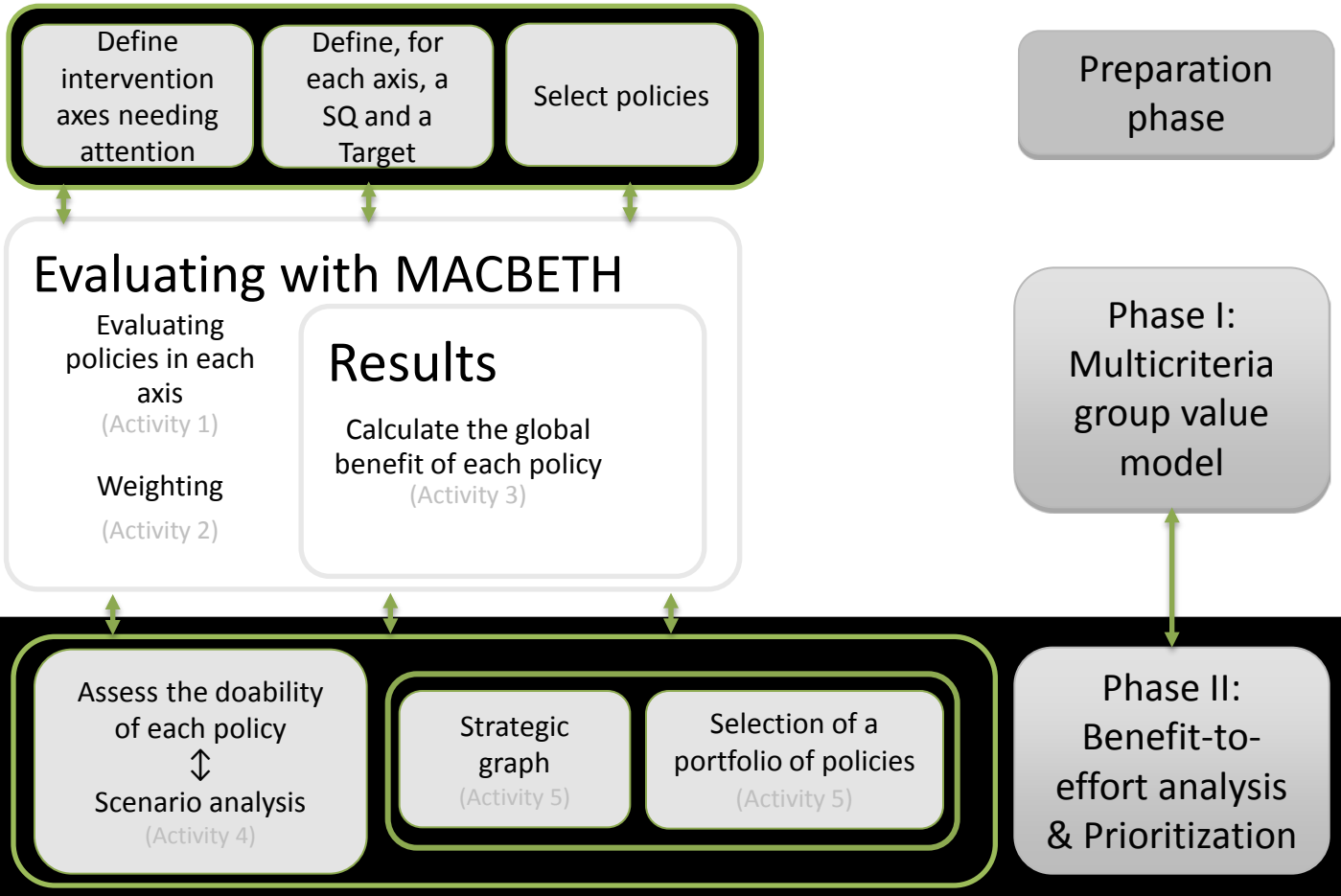
- Official presentation of the monograph to the city
- Stakeholders present the outcomes of the project
- The main policy makers take up responsibility to drive and bring the change
- **How to choose priorities?**

PUBLIC COMMITTMENT

Out of the MINDMAP community 15 of the most influential stakeholders and decision makers were engaged in the **Euro-Healthy Turin case-study.**



•Methodology that supports the selection of a portfolio of policies (EuroHealthy)



8 main axes of health inequalities (SDH) were identified as relevant at the city level:

- Being well educated
- Being employed
- Having a good quality of work
- Having adequate material resources
- Having adequate housing
- Having adequate family network
- Living in an adequate physical environment
- Living in an adequate social environment

•Intersections between policies and axes of inequalities (SDH) were identified to prepare

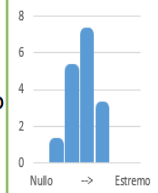
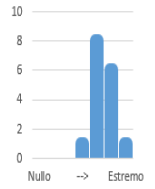
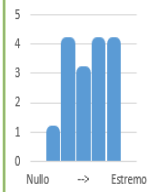
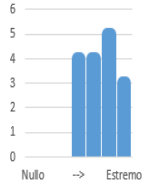
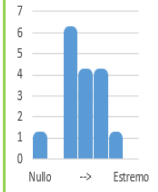
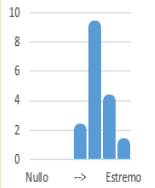
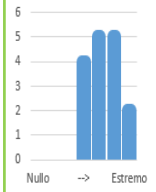
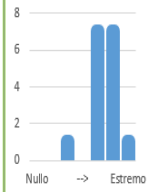
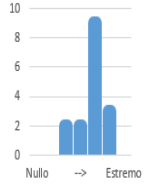
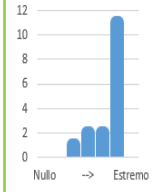
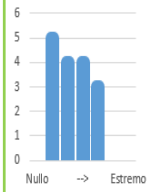
Areas of concerns	AXIES (Social determinants of health)							
	Occupational conditions	Education	Income	Family / household	Housing and Living conditions	Quality of work	Built Environment	Social Context
Indicators for the SQ definitions	(unemployment)	(low education)	(distribution below average)	(loneliness and frail in elderly people)	(bad living conditions)	(manual woekers)	(Indicators of Accessibility)	(Rate of social and physical disorders notified to or discover by the police)
Policies / intervention								
Policies for Quality of Work and Organizations								
Promozione della qualità nel lavoro	x					x		
Conciliazione e servizi territoriali, orari e accessibilità	x		x	x		x	x	
Alternanza scuola lavoro	x	x	x			x		
Employment Integration Policies								
Gestione di incontro domanda-offerta e servizi per il lavoro	x		x	x	x			x
Orientamento	x	x				x		
Formazione professionale	x	x				x		
Social protection policies and empowerment								
Sostegno al reddito			x	x	x			x
Risposta alla domanda sociale di abitazioni					x		x	x
Integrazione sociale per migranti e richiedenti asilo	x	x	x	x	x	x		x
Sostegno di comunità per donne e minori	x			x				
Strategie di inclusione attiva e promozione di comunità	x	x		x			x	x
Policies for education and cultural promotion								
Contrasto all'abbandono scolastico e di integrazione	x	x	x			x		x
Promozione della crescita socio-culturale dei giovani	x	x				x		x
Politiche di supporto economico allo studio	x	x						
Policies for the Quality of the Living Environment								
Riduzione dell'inquinamento e aumento salutogenicità					x		x	x
Miglioramento delle aree verdi							x	x
Riqualificazione spazi abbandonati							x	x
Health and social integration policies								
Servizi e residenze per anziani non autosufficienti				x	x		x	
Promozione della domiciliarità				x	x		x	x
Interventi specificamente protetti	x		x		x	x		x

This EUROFAIR project has received funds from the European Union's Horizon 2020 research and innovation programme under Grant Agreement No 643336

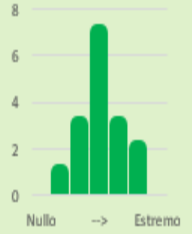
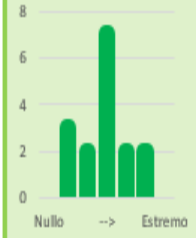
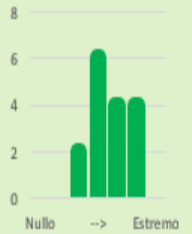
EXPECTED BENEFIT FROM THE POLICY IN REDUCING HEALTH INEQUALITIES

INTERVENTION ON THE QUALITY OF WORK AND WORK ORGANIZATION

Nullo	Molto debole	Debole	Moderato	Forte	Molto forte	Estremo

	FATTORI DI RISCHIO							
	Condizione occupazionale	Qualità del lavoro	Istruzione	Reddito	Condizione familiare	Condizione abitativa	Ambiente costruito	Ambiente sociale
Qualità nel lavoro								
Conciliazione								
Alternanza scuola lavoro								

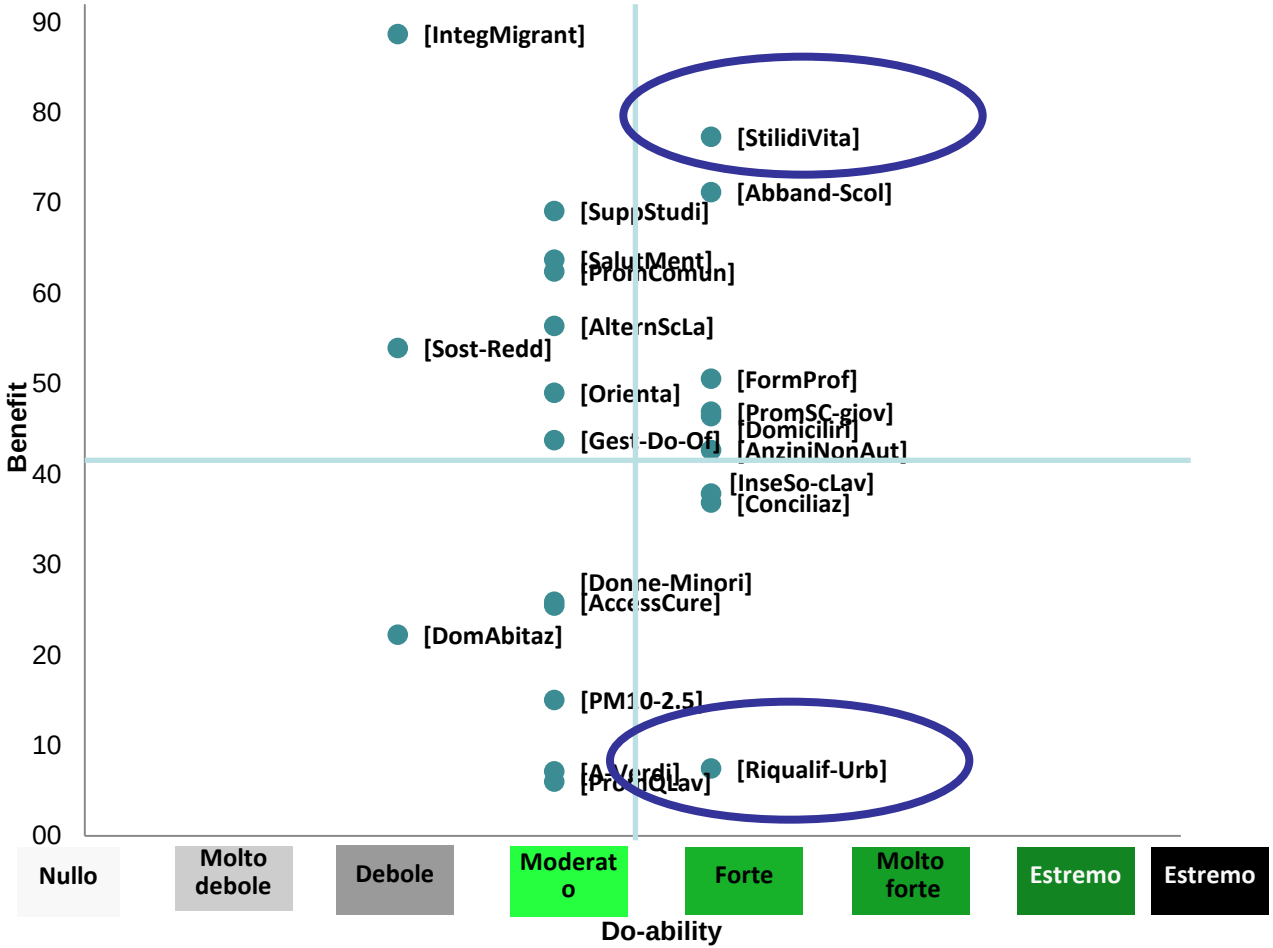
EXPECTED DO ABILITY OF POLICIES

Politiche per l'istruzione e la promozione culturale		Politiche per la qualità dell'ambiente di vita	
Contrasto all'abbandono scolastico		Riduzione inquinamento	
Promozione socio-culturale giovani		Aree verdi	
Supporto economico studio		Riqualificazione spazi abbandonati	

- Nullo
- Molto debole
- Debole
- Moderato
- Forte
- Molto forte
- Estremo

Social Determinants	% of deaths attributable to inequalities	Absolute number of death per year
Education	35%	408
Family / household	22%	172
Income	17%	149
Quality of work	10%	38
Housing and Living conditions	7%	77
Employment condition	5%	47
Social Context	5%	63
Built Environment	2%	15

•BENEFIT VS DO-ABILITY



What next?

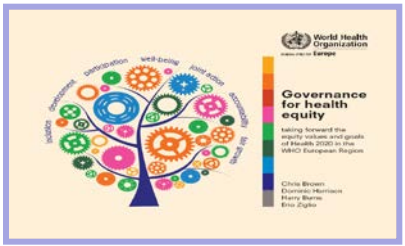
- Sensitivity analysis of priority setting in different
  - expected scenarios
  - health dimensions (mental health vs mortality)
  - time perspective (short-long) and latency
- Joint effort (social, housing, health care) for an integrated urban strategy towards more equity in health
  - piloting on a deprived area with the same participatory approach (Vallette)

1. Putting (health) Equity 'on' the Agenda DONE!

2. Keeping (health) Equity 'in' Policies

How do we make joint investments for equity in health work in practice ?

Chris Brown, 2016



Co Production

ACCOUNTABILITY

PARTICIPATION

COOPERATION

Joint Responsibility

Shared Benefits

Chris Brown, 2016

biennale

prossimità

migrazione

cooperaz

media

Società civile

misura

ordini

prp

governo clinico

Servizio Sanitario Nazionale

ass. sc.

univ.

ISS

economia

scuola

lavoro

isteri e Enti non sanitari

interni

EELL

forze sociali ed economiche

OOSS

industri

A network of health equity cities?

Commission on Social Determinants of Health FINAL REPORT | EXECUTIVE SUMMARY

World Health Organization | Commission on Social Determinants of Health

Closing the gap in a generation

Italy engaged in coordinating the new European Joint Action on Health Inequalities

- Cluster 1: *Relatively positive and active response to health inequalities*.
  - **At least one national response to HIs or comprehensive regional HI policy responses.**
- Cluster 2: *Variable response to health inequalities.*
  - **No explicit national policy on HIs, but at least one explicit regional response or a number of other policies with some focus on health inequalities.**
- Cluster 3: *Relatively undeveloped response to health inequalities*.
  - **No focused national or regional responses to health inequalities, no explicit health inequality reduction targets (though there may be targeted actions on the social determinants of health).**

giuseppe.costa@epi.piemonte.it

Disuguaglianze di salute

Ridurre le disuguaglianze con azioni di contrasto sui determinanti sociali

http://www.disuguaglianzedisalute.it/