Social determinants in Estonian National Health Plan 2009-2020

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Overview

- Introduction to the national health policy
- Social determinants and cohesion in the policy
- Some results from the indicator framework

Source material:

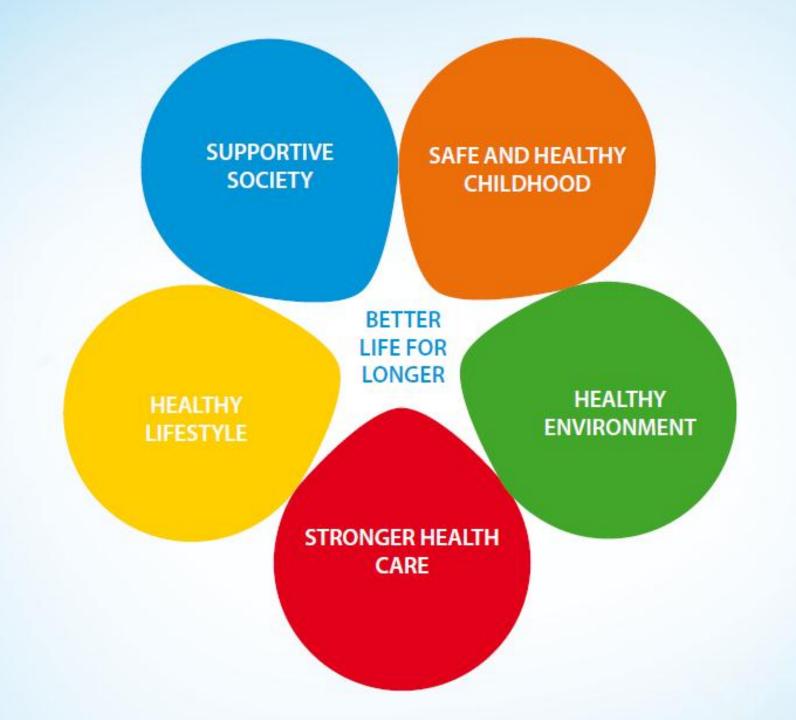
http://www.sm.ee/eng/activity/health/national-health-plan-2009-2020.html

Introduction of NHP (1)

- Developed during the fast economic growth and adopted just before economic crisis in 2008
- Takes life-course view and wide perspective
- Has very intersectoral, Health in All Policies and whole society approach
- Provides guidance for local municipalities, private enterprises and individuals

Introduction of NHP (2)

- Has detailed annual action/implementation plans
- Is linked to state budget in case of nationally funded activities
- Has a indicator framework
- Activities are reported annually in comparison to planned actions



Strategic objectives of NHP

Safe and healthy development for children and youth

\$02. Mortality, primary morbidity from mental and behavioural disorders has decreased and young people report increasingly positive assessments of their health

Living, working and learning environment to support health

SO 3. Health risks from the living, working and learning environment have decreased

Social cohesion and equal opportunities

SO 1. Social cohesion has improved and health inequalities have decreased

Improvement of population health

GO. Life expectancy and the number of healthy lifeyears has increased

Development of healthcare system

SO 5. Availability of high-quality healthcare services is secured for everyone

Healthy lifestyle

SO 4. Physical activity of the population has increased, diet has become more balanced and level of risk taking behaviour has decreased

Priority course of action for social cohesion

- Priority course of action
 - Reduction of social disparities in health matters
 - Empowerment of groups and communities
- Measured by 5 indicators
 - Health insurance coverage
 - Relative poverty
 - Poverty risk of children
 - Long-term unemployment
 - Suicide mortality

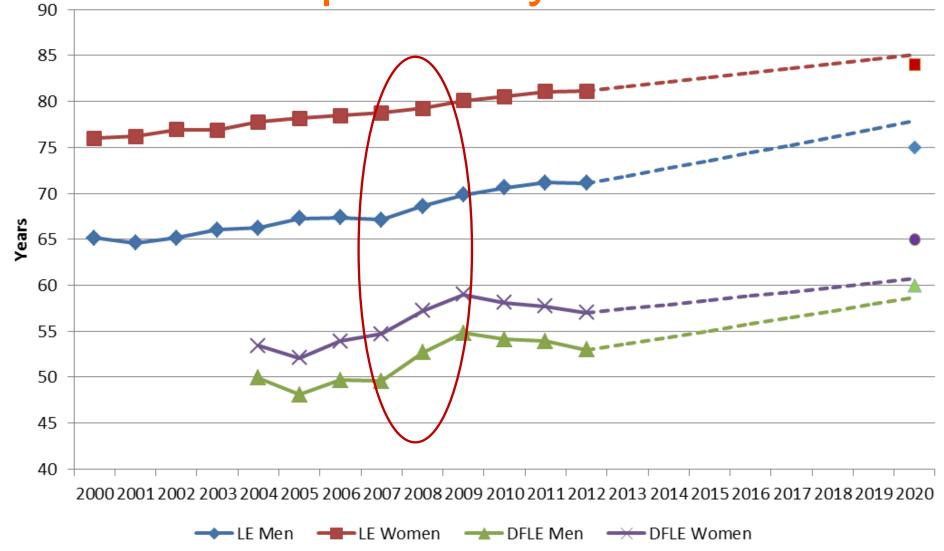
Examples from 2012 and 2013 NHP action plans

- Prevention and alleviation of unemployment, as well as paying attention to the problems of mental health of the unemployed
- Increase of social security budget expenditures
- Reorganisation of special social welfare institutions to improve availability of need-based welfare services
- Establishment of the scheme for insurance against inability for work
- Update of the list of minimum required social services (with their quality standards) to be provided to the population by each local government

Note: in many cases the detailed actions are taken in the context of other national strategies and shown in NHP in parallel due to the health impact of these action

Source: MoSA, http://bit.ly/1bXL0Ho

Life expectancy and disability free life expectancy in Estonia



NHP indicator results

Priority	Indicator	Baseline	Measured	Targeted		
area		2008	2012	2012	2016	2020
General objective	Life expectancy at birth, men	67,4	71,2	71,2	73	75
	Life expectancy at birth, women	78,5	81,2	81,1	82,5	84
	Disability free life expectancy at birth, men	49,4	53,0	56,0	57,5	60
	Disability free life expectancy at birth, women	55,3	57,0	60,5	62,5	65
Social cohesion	Proportion of population covered with health					
	insurance (%)	95,2	96,2	99	99	100
	Relative poverty (%)	18,3	17,5	16,8	16	16
	Poverty risk of children (% of under 15y)	19,8	16,2	19	18	17
	Longterm unemployment (% of >12m					
	unempl in workforce)	2,3	5,5	1,7	1,3	0,8
	Suicide mortality	18,4	18,2	15	12,5	10

Modified from: MoSA NHP assessment 2012 http://bit.ly/l2yD48

Summary and conclusions

- Policy address of SD calls for intersectoral collaboration and dedicated plan of action
- Health in All Policies principle
- It is important to have the plan of action in place but also to retain flexibility in planning
- There's always room for further action, more SD and HI focussed monitoring and improved assessment of impact of the actions

Thank you for your attention!