HEALTH PROMOTION AND DISEASE PREVENTION **A Handbook for Teachers, Researchers, Health Professionals and Decision Makers**	
Title	**Social-economic Inequalities and Risk Groups Vulnerability in SEE Countries**
Module: 1.8.2	**ECTS: 0.5**
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Key words	Social-economic factors; social conditions; social exclusion; unemployment; poverty; health status; health inequalities; social protection; social support; social justice
Learning objectives	After the completed module students and professionals in public health will broaden their knowledge and understanding in respect to: • social and economic factors and conditions as determinants of vulnerability of some risk groups; • possible main changes in the health status and health consequences of social status and marginalization of certain population groups in SEE countries; • appropriate strategies and programmes directed toward mitigating and overcoming the adverse conditions and problems related to the health status and health protection of the vulnerable groups.

Abstract	The aim of this module is to explore the connection between certain social and economic factors and conditions as determinants of vulnerability and social exclusion of some risk groups and possible main changes in the health status of the population in South Eastern European countries within the last almost twenty years of post-communist transition. The available data regarding the demographics, economic and health statistics of the morbidity and causes of death, as well as the expected influence of various social-economic factors to certain risk and vulnerable groups and their possible health consequences, were analyzed. Based on the observations and conclusions, directions and suggestions are given for appropriate strategies and programmes directed toward mitigating and overcoming the adverse conditions and problems related to the health status and health protection of the vulnerable groups and the total population in the SEE countries.
Teaching methods	Lectures, focus group discussion, nominal groups, case studies.
Specific recommendations for teachers	The following teaching methods are recommended: • lectures; • focus group discussion, • case studies on social and economic factors influencing health and prevalence of diseases, • individual work, consult literature, written reports, preparation of project, preparation of poster.
Assessment of Students	The final mark should be derived from assessment of the theoretical knowledge (oral exam), contribution to the group work and final discussion, and quality of the seminar paper

SOCIAL-ECONOMIC INEQUALIIES AND RISK GROUPS VULNERABILITY IN SEE COUNTRIES

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Introduction

In the countries in postcomunist transition there were many events, changes, insecurities and ambivalences in the area of politics, economy, culture and social security. The end of the twentieth century stimulated many summaries of experiences, attitudes and successes or failures. In the South Eastern European (SEE) countries, the almost twenty-year period of transition was followed with a growing phenomenon of alienation and marginalizing of a significant portion of the population, social and economic exclusion, and human insecurity. So far insufficient studies have been made of the negative influence and consequences on the health of the population due to the worsening of the social and economic factors and living conditions and increasing of the psychosocial stress. On the other hand, the reduction of the economic and physical availability of health protection and health services, including medicines, for certain critical and vulnerable population categories might cause further worsening of the damaged health condition of the individuals and groups in need of health services and medicines. This especially pertains to the following categories with increased risk for health deterioration (1-3):

- unemployed workers, especially those with long and chronic unemployment;
- poor population, especially in the underdeveloped and rural areas;
- elderly people in general, particularly those with lower pensions and income or social aid users, and especially those (mainly females) that live alone in poverty;
- children growing up in single parent families or in families on social compensation, children and young people who terminated their education early and the children on the street;
- women in the reproductive period in general, and particularly women in some risk groups;
- migrants from other countries and refugees and internally displaced persons; and
- members of ethnic minorities, especially Gypsies (Roma population), etc..

The disadvantaged groups are especially susceptible to social exclusion, with reduced opportunities for employment and education, and their children are usually under a special risk. The latent or open discrimination and hostilities, which they often face, can damage their health. In addition, the communities usually marginalize and reject the people that are sick, handicapped or emotionally vulnerable, such as users of child dormitories, persons that come from prisons or psychiatric hospitals. Persons with problems related to the physical and mental health often have difficulties to obtain appropriate education or to earn a living. Handicapped children are at greater risk for a life in poverty, especially if stigmatic conditions are present, such as mental illnesses, physical incapacity, or diseases like tuberculosis, epilepsy, alcohol dependency and AIDS. The people living on the streets and suffering from several of these problems have the highest rates of early mortality (4-6).

The results from epidemiological studies clearly indicate the connection between the deteriorated social and economic conditions, especially unemployment, social and economic exclusion and increased human insecurity and the psychosocial stress, on one hand, and certain indicators for deterioration of health of the disadvantaged groups and of the population

in general, on the other hand. One of the most important indicators is morbidity due to cardiovascular diseases, malignant neoplasms, mental breakdowns and suicides, growth of alcohol dependency, smoking, and drug addiction (2, 4).

Influence of Social and Economic Factors on the Health of the Population

Modern times give ample evidence that health of the people in general is determined by socio-political conditions, such as poverty, inequity, marginalization, and isolation, as well as violence, humiliation and psychological traumas. Inequity in health is considered to be unfair and unjust, unnecessary and avoidable. It causes social tension and thereby interferes with the economy (7, 8).

The chronic non-communicable diseases are dominant in the pathology of the population not only in developed countries but also in many developing countries and in the countries of SEE Region. There is a social background of many illnesses and their connection with the lifestyle and conditions of life and work of the people. That implies that the factors of the social environment should be included in the concept of diseases and that more attention should be paid to study and control these factors. The characteristics of certain population groups (structured by age, sex, occupation, unemployment, place of residence and living conditions, social and ethnic beliefs) could also be connected to the incidence, frequency and distribution of certain diseases. Many chronic diseases couldn't be explained exclusively with a single causality factor, which resulted in the appearance of a multi-causality theory of illnesses, which places special emphasis on the social relations and conditions and the social stress. In recent times, in spite of successful implementation of control over the contagious diseases, the presence of modern chronic and non-communicable diseases is greater, with a tendency of growing. The reasons for this are sought primarily in the society and the social living conditions, in the habits and customs, behaviour and communication patterns, everyday stress etc. The lifestyle and the conditions in which people live and work have a strong impact on their health and life span. The social and economic factors at all levels of the society have an impact on individual decisions and health itself (4, 5, 9, 10).

Although each individual is responsible for his/her own lifestyle with respect to nourishment, physical activity, smoking and excessive alcohol consumption, certain social and economic factors and circumstances ate outside of the control of the individual. That is why an organized social activity of the state is needed, including all sectors of society (in addition to the health sector). The activities at the community level should be directed toward preservation and improvement of the health, removing social barriers to health care and social selectivity in access to health care and delivery of services, as well as reduction of morbidity and mortality rates of some categories of diseases in disadvantaged groups and in the population as a whole.

Economic standard and health

There is ample evidence of the connection between the low economic standard and a series of indicators of negative health. Many diseases and causes of death are more frequent the lower one goes on the social hierarchy ladder. The social level of health is a reflection of the economic unfairness and the effects of uncertainty, fear and lack of social integration. The unfairness has many forms and can be absolute and relative. It can include: deficient household, living in unsuitable housing conditions, insufficient and irregular nourishment, insufficient education in the adolescent period, incapacity due to industrial injury or uncertain

employment etc. These adversities tend to concentrate in the same group of people and their effects are cumulative. The longer the period of living in stress creating economic and social circumstances, the greater the psychological burden and consequences for these people, as well as the lower the chances that they will have a long life (5, 10, 11).

Most researchers seem to believe that impaired living conditions constitute the major force determining health and health inequalities even some part of health inequalities arise from a prevalence of unhealthy behaviour in lower socio-economic groups and from differences in psychosocial work environments (1, 8).

The gross domestic product (GDP) per capita in 2004 in some SEE countries and other countries in Europe and the world is presented in Table 1.

Table 1. Gross domestic product (GDP) per capita and unemployment rate in SEE, European and some other countries in 2004 (12).

Country	GDP US$	Unemployment rate
Albania	2439	14.4
Bosnia and Herzegovina	2183	-
Bulgaria	3109	12.2
Croatia	7724	18.0
Germany	33212	9.2
Greece	18560	10.2
Israel	17194	10.4
Norway	54465	4.5
Poland	6346	19.0
Romania	3374	8.0
Serbia	-	26.8
Slovenia	16115	10.6
Switzerland	48385	3.9
Macedonia	2637	37.2
Turkey	4221	10.3
United Kingdom	35485	4.6
European Region	24028	9.4
EU	28150	9.2
Japan	36526	4.7
USA	39860	5.5

Source: WHO HFA Database 2007

It must be noted that there are big differences in the development and economic power between countries and different regions within countries, in addition to the differences in economic status among different categories and social strata in the populations. The population groups identified as being most at risk of poverty are the unemployed, socially imperilled households, pensioners and farmers. Larger households in the rural areas, particularly those

with members who are unemployed or have low educational levels, are identified as specific risk groups together with the unemployed in urban areas (1,4,13-15).

Unemployment and health

The unemployment, poverty and ill health form a vicious circle. The unemployment has a substantial negative influence on the health of the population:

- increases the death rates,
- causes changes in the lifestyle,
- physical and mental health deterioration, and
- an increased utilization of the health services which is corroborated by the results of numerous investigations.

The severity of unemployment depends not only on the risk of becoming unemployed but also on the probability of remaining so for a long time. Unemployment as a cause of poverty and ill health is a major SEE countries and pan-European issue. An analysis of the unemployment situation in the European Union (EU) shows a sharp increase from 3% in the early 1970s to approximately 11% by mid-1990, with an overall EU average of 8.6% in 2004 (13, 14). The comparative indicators of unemployment for SEE and other countries in Europe and the world are presented in Table 1.

The loss of work or short-term unemployment has a character of a stressful event and represents a risk factor for heath deterioration. The unemployment is usually experienced as depravation or a deviant situation. It causes not only economic and financial difficulties and indebtedness, but also physical consequences, loneliness, reduction or loss of social contacts, sense of rejection. The unemployment had influence to the functioning of the family, as well as to the distribution of resources in it, to the health of its members etc. Research has shown higher death rates with wives of unemployed husbands, higher risk for separation and divorce, domestic violence, unwanted pregnancy, complications during pregnancy, higher mortality at birth, slower growth and development of the babies and higher mortality as well as increased exploitation of health services. At the global level a connection has been sought between the economic and health indicators, and the unemployment being the foremost economic factor. Unemployment has an almost instantaneous effect on the health (especially mental) which is documented by the increase in the number of patients received by the psychiatric institutions and the increased number of suicides; the unemployment also initiates other processes of change in the organism, that lead to an increase of the number of chronic diseases. The cardiovascular diseases reach their peak two years after the jump of the unemployment. The economic recession and transition, which are the most frequent reasons for unemployment, lead to a series of consequences, which increase the sensitivity to illnesses. The death rates in all classes of society are higher with the unemployed than with the employed people. That relates especially to the increased mortality due to cardiovascular diseases, lung cancer, accidents and suicides (4, 16-19).

The psychological threats, fear and the depressive symptoms appear as a universal companion of the unemployment. The changes that occur in the neuro-endocrine and the immune system, as a reaction to stress increase the sensitivity to new and activate the existing diseases. The attitude of the unemployed toward the health service, usually change toward extensive utilization of health services and seeking help for the health problems, rather than utter negligence of the objective needs. The studies connected with the "closure of factories"

have shown that the rate of hospitalization of unemployed people increases which is usually interpreted as an indicator of deteriorated health (16, 19).

Lot of studies has shown increased rates of smoking, alcohol consumption and irregular nourishment, as well as increased medicament consumption by the unemployed in comparison to the employed. The alcoholism and drug addiction have usually increased as well (17, 20).

Nourishment and health

The main nutrition-related health problems in SEE and EU countries are: insufficient breastfeeding, overweight and obesity, non-insulin-dependent diabetes (with about 4% of the population affected in most countries), too high a fat intake and insufficient consumption of fruits and vegetables, and iodine and iron deficiency (10,16,21).

Adequate nutrition and the proper supply with food are essential conditions for the promotion of the health and the welfare of the population. The lack of food and its insufficient diversity can cause malnutrition and diseases related to insufficient nourishment. The poor compensate the fresh and biologically valuable food with products of maize, potato, animal fats and cheap processed foods. The people with low incomes have lesser opportunities to eat well and correctly. Examples of such population groups are:

- young families,
- elderly people, and
- the unemployed.

The high input of fats, combined with other risk factors (smoking) is substantially linked with the leading causes of death in Europe (coronary heart disease, cerebrovascular diseases, carcinoma etc.) On the other hand, reducing the body weight reduces the risk of hypertension, higher glycemy and hypo-cholesterinemy. Also, by reducing the fats in the nourishment, the risk of coronary heart disease is reduced (15,16,22).

One important social indicator is the percentage from the incomes of the households that is spends for nourishment. According to the reports of the richest countries such as USA, Canada, Australia, an average household spends about 15% of their income for food, EU countries 22%, while in the underdeveloped countries that percent is bigger than 50% and somewhere even 80%. In the Republic of Macedonia in the structure of the individual consumption in 1999, the food accounts 41.1%, drinks 4.6% and tobacco 3.2% of overall household expenditures (12, 18). Results from survey in Roma communities in Skopje showed that more than half of the families (54.6%) live on monthly earnings from 100-200 DM and the most of the incomes in the families are usually spent on food supplies (88.5%), as families in most cases live and spend money day by day (3).

Another indicator of the nourishment of the population is the energetic value of the food stuffs per capita, which is calculated on the basis of the estimated production of food, export, import, losses and consumption of other foods. The average per capita consumption of certain food products is also calculated, as well as the movement of the consumption of fats, especially animal fats, as one of the more significant risk factors for health deterioration. In the Republic of Macedonia, the price of "the monthly basket" of food products, necessary for the correct nourishment of one family of 4, during one month, is approximately equal to an average salary in the economy of the country (1,2). This allows the assumption that a large part of the population, which has low personal and total family incomes, including here a few

of the risk groups of the population, have limited opportunity for correct nourishment, and it can increase the risk for deterioration of their health.

Psychosocial stress, social support and health

The adverse social and economic conditions and psychological circumstances can cause long-term stress. The continuous fear, insecurity, the low self-confidence, the social isolation and the lack of control over the working environment and relations and the home life, have a strong negative effect on health. The psychosocial risks and stress are accumulated during the course of the life and contribute to the deterioration of the mental health and lead to premature death. The stress activates one whole complex of hormones that damage the cardiovascular and the immune system, and that increase the susceptibility to contagious diseases, diabetes, depression, high blood pressure and other harmful effects of cholesterol and fats in the blood, as well as increasing the risk of a heart attack and a stroke (19,20).

Social support is the general term to describe different aspects of social relationships, including those mechanisms, which may protect the individual from the negative effects of stress. The social support is offered by the part of the social network, the people around us, that are ready to help us, and on whose help we can always count. Those enjoying strong social ties appear to be at low risk of psychosocial and physical impairment, whereas a lack of social support has been found to be associated with depression, neurosis and even mortality. The lack of support increases the susceptibility for certain diseases, and the presence of suitable support can reduce the consequences from the exposure to stress situations and factors that have adverse affects. In general, social support seems to be an important moderating factor in the stress process (20,21).

The support acts on the individual and on the societal level. The social isolation, loneliness and exclusion are related to increased rates of premature deaths and smaller chances to survive more severe illnesses, such as heart attacks. The people that receive less emotional social support than others, more frequently suffer from depression, the level of incapacity due to chronic diseases is greater, and in women during pregnancy, the risk is higher for complication of the pregnancy. The availability of the emotional and practical social support varies with the social and economic status and the quality of the social networks. The poverty can lead to social exclusion and isolation. The social cohesion - presence of mutual trust - and respect in the local community and wider in society - helps protect the people and their health against the cardiovascular diseases, mental disorders and other diseases (16,22, 23).

Poverty, social exclusion and health

The processes of poverty and social exclusion, and the level of the relative deprivation in society, have a strong influence on health and the premature death. The deterioration of health occurs not only due to the material deprivation, but also due to social and psychological problems of being poor. Poverty is the number-one cause of ill health. The people that have lived most of their lives in poverty suffer much more from deteriorated health (10,22).

More than 165 million people in Europe live below the poverty line. Out of 18 CEE countries and the newly independent states, 8 have 50% or higher of their population living below the poverty line. In some countries ¼ of the population - and even higher portion of the children - live in relative poverty (defined by the EU as less than 1/2 of the average national income). The relative poverty, as well as the absolute poverty, leads to heath deterioration, and an increase of the risks of premature death (9, 14, 22). The rate of poverty in Republic of

Macedonia is lower than in some other countries with similar level of economic development (Romania, Bulgaria, Moldova and some other former Soviet Union republics), but the situation related to the poverty in Macedonia is much worse than in the countries with higher standard and more successful transition (Poland, Czech Republic, Hungary, Slovenia etc). The poverty, unemployment and the homelessness is increased in R. Macedonia as well as in other countries, including the richest (18, 23).

Directions and recommendations for future strategies, programmes and measures

The changes in the societal and the political system and economic transition toward market economy in SEE countries in the last almost 20 years have contributed to a significant change and deterioration of the societal and economic conditions and factors significant for the health of a relatively large portion of the population in these countries especially in certain risk categories. That can have further multiple negative effects on the health of the threatened groups and the health condition of the population in general, which induces the need to develop suitable strategies and programmes and to undertake activities to prevent and mitigate the consequences of transition on the health of the population in the SEE countries (2).

In order to reduce the social exclusion, insecurity and deprivation and to mitigate the consequences of the transition on the health of the people in SEE Region, it is necessary to have a diversity of activities at international and regional, at national and local levels, conducted by the government and the relevant ministries, the non-governmental national and international organizations, as well as active participation of all sectors. Measures and activities of the national economic, social and health policies should be directed in the following directions (1, 2, 5, 9-11, 25-30):

- determination, by the Government, of a satisfactory minimum of national income, material aid and increasing of the employment opportunities, on the basis of genuine principles and not by nepotism and corruption;
- prevention and reduction of unemployment by job-creation initiatives outside the mainstream labour market, especially in small and medium-sized businesses in disadvantaged regions;
- prevention of the uncertainty at work, as well as reduction of the social and economic consequences that occur after loss of work or unemployment;
- legislative protection of the rights of the migrants, minority groups, families with small children, unemployed workers and other risk groups, prevention of discrimination and removal of the sources of fear and insecurity;
- appropriate distribution of available resources toward fostering development of underdeveloped regions, mainly for building educational and health care facilities, water supply systems, improving the housing conditions and job possibilities;
- increase of the inclusion of the children and youths in the elements of elementary and high school education, improvement of the quality of education and undergoing crucial reforms in the social system in order to provide healthier and more secure state and to reduce and minimize the brain drain phenomenon, such that the intellectual cadre would remain to be utilized and be useful in it's own country;
- reduction of the insecurity at work and the range of differences of the income in society in order to reduce the number of people that become poor, and those that have become poor not to become very poor;

- to allow the citizens to play an active and useful role in the social, economic and cultural life in society and especially in the local community, to improve the quality of the social environment and economic security, which are often more important to health than the physical environment and the application of medicaments as a medicine response to the individual stress;
- support of the development of agriculture and the methods of production of food that do not threaten the natural resources and the environment, protection of the domestic food produce against the import and the global food trade, appropriate politics of prices and subsidies to improve the accessibility of quality, biologically valuable and fresh food to the population, as well as strengthening of the knowledge and the culture of healthy nourishment, the skills of preparing and the social value of preparation and joint consumption of the meals in the family;
- strengthening of the social cohesion, with social and economic policy measures, as a condition for the maintaining and promotion of the health of the people.

Health policy has to be closely related to the social and economic determinants of health, by accepting and developing of the basic elements and principles of the health systems in Europe and other developed countries in the world, such as: solidarity; following and promotion of the quality of health services and evaluation of health technologies; establishment of a system of monitoring with a unified methodology for collecting and evaluation of data, as well as strengthening and integration of the health information system on the national level; provision of economic sustainability by effective utilization of the available resources; strengthening of the human resources by promoting of medical and managerial education; active participation of the population in the activities of the community and making of decisions related to health, as well as strengthening of the individual responsibility of the people for their health; cooperation between sectors with active engagement and participation of the other sectors of society in addressing socioeconomic and other key determinants of health, in maintaining and promoting of health and in creating safe conditions for work and life; equality (removal of the barriers to equal physical and economic access to health protection services) and strengthening of the right of the patients toward a free choice of a doctor, provision of a basic health protection ("packet of benefits") etc..

National action plan should be developed for reducing the consequences in the community related to alcohol, tobacco and drug addiction, especially in the direction of construction of an efficient policy with respect to the alcohol, tobacco and drugs within the framework of wider social and economic policies. New ways need to be discovered to subject the young, to the health and educational measures, in order to prevent the challenge of taking drugs, alcohol and other stress-reducing substances, and to reduce the recruitment of these people into new addicts. On the other side, provision of appropriate services for efficient protection, treatment, rehabilitation and support of those that have developed addictions is necessary. Measures for protection directed toward the reduction of social differences and deprivation with loss of perspective among young people, which harbours the roots of the problems, in the context of the prevailing social, cultural and economic conditions are also necessary.

Exercise

Task 1:

Analyze everyday situations in the context of social economic inequalities related to health and wellbeing and to the health interventions and health promotion programs.

Task 2:

Analyze different social economic factors in your target population, various health indicators of certain groups, inter-sectoral approach in reducing inequalities and health promotion programs and interventions at community level.

Task 3:

Discuss with other students about inequalities in health, especially about its socio-economic component. Think about what kind of inequalities in health are present in your country, and which population groups are the most vulnerable.

Task 4:

Write in short your vision how to tackle this problem.

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