

## Evaluating the impact of structural policies on health inequalities and their social determinants, and fostering change

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**Health inequalities are unfair and avoidable differences in health between social groups. They are strongly affected by the circumstances in which people are born, grow, live, work and age.**

SOPHIE aims to generate new evidence on the impact of structural policies on health inequalities, and to develop innovative methodologies for the evaluation of these policies in Europe. *Specific objectives include:*

- 1** To generate new evidence on how structural policies - macro-economy, welfare state, employment relations, unemployment, built environment and housing policies - impact health inequalities by gender, migration status and socio-economic position.
- 2** To generate evidence on how gender-oriented and immigration-related policies impact health inequalities and their determinants.
- 3** To develop, refine and apply innovative methods for the evaluation of how structural policies impact health inequalities at the European, national and local levels.
- 4** To develop, refine and apply innovative methods to increase the involvement of affected stakeholders in the identification, design and evaluation of policies.
- 5** To disseminate the findings and recommendations by implementing strong knowledge translation approaches to affected communities, stakeholders and policymakers.

Research in SOPHIE covers the following thematic areas:

Macroeconomic policies 

Built environment 

Migration 

Welfare state 

Housing 

Methods for policy evaluation 

Labour market 

Gender 

Participation + knowledge transfer 

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The following are examples of specific policies whose impacts on health inequalities are being evaluated by SOPHIE partners.

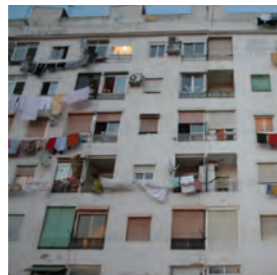
### The 'Service Voucher System' in Belgium

The service voucher system was implemented by the federal government of Belgium in 2004 with the purpose of creating new and legal jobs for low-skilled people. It consists of a strong subsidy for citizens to hire domestic services (e.g. cleaning). The positive and negative effects on health equity will be evaluated following a realist approach.



### Rehousing for vulnerably housed families

Caritas Barcelona, a non-profit NGO, is addressing the social and economic needs of many victims of the crisis in the city. Among these, SOPHIE will interview members of families with the highest priority for rehousing. At follow-up, health outcomes will be compared among subjects who could finally be rehoused and those who could not.



### The 'District Approach' in Dutch municipalities

The 'District Approach' aims to improve the living conditions of the 40 most deprived districts in the Netherlands by means of area regeneration. A realist evaluation will be performed, focusing on interventions that target safety, to assess their potential impact on district safety and eventually residents' well-being.



### The Spanish 'Dependence Act'

The national-level "Dependence Act" passed in 2006 has been a paradigm shift in public services and facilities for the benefit of dependents in Spain. The effects of the implementation of this act on the health of informal caregivers will be evaluated, considering gender and social class and analysing quantitative and qualitative data.



These are examples of innovative methods that SOPHIE partners are testing in their evaluations of the effects of structural policies .

### Realist evaluation and review

Unlike traditional evaluation methods that test programmes by asking 'does it work?', realist evaluation provides an explanatory analysis aimed at discerning what works for whom, in what circumstances, and how.



### Quasi-experimental studies

Designs such as the non-equivalent group design or controlled interrupted time series will also be used to quantify the impact of a policy through comparing health changes before and after the policy in an affected and an unaffected, comparable group.



### Concept Mapping

It is an excellent method for engaging stakeholders and communities during the research process, that consists of generating a group interaction over a focus question and reproducing the group's views in visual maps.

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