

# Analysis of social determinants of health and health inequities - a multicountry event on approaches and policy

October 12-17, 2009 Kosice, Slovak Republic



**Wednesday 14th October 2009, 09:00 –  
10:00**

Košice, Šrobárova 2, Historical Hall at University Main Building

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## Data sources: Health equity surveillance system

Social justice affects the way people live, their chance of illness, and their risk of premature death. Health inequalities arise because of the circumstances in which people grow, live, work, and age; and these are, in turn, shaped by political, social, and economic forces. Due to a complexity of the problem a holistic view of social determinants of health should be adopted when trying to reduce the health gap. Key leaders in tackling the problem of health equities agree that evidence-based policy-making on the social determinants of health offers the best hope for closing the health gap. Action on the social determinants of health will be more effective if basic data systems are in place and there are mechanisms to ensure that the data are understood and applied to develop more effective interventions. In Europe several initiatives exist that deal with health indicators such as ECHI, ISARE, EURO-URHIS, ENHIS, ISG, SDS, EUROTHINE, but some of them concentrate on specific populations (urban, rural), whereas others revealed that collected health indicators are not comparable across countries. The WHO Commission on Social Determinants of Health aspires to adopt a stewardship role in supporting the creation of a comprehensive health equity surveillance system. This system should include vital registration and routine monitoring of health inequity and the social determinants of health and it has to be structured so that it is possible to follow time-trends on social determinants of health separately for men and women and for different social strata. Moreover, in order to ensure knowledge accumulation and to prevent unnecessary duplication of effort there is a need for international collaboration. A creation of a 'clearing house' for evidence on interventions on the social determinants of health could help improving mechanisms for global knowledge accumulation and sharing.

**Watch online on <http://www.lf.upjs.sk/omek/lectures.html>**

*Dr. Iveta Rajnicova-Nagyova (1972) got her Master's degree in psychology (1995) at the University of PJ Safarik, Kosice, Slovakia and PhD degree in medical sciences (2005) at the University of Groningen, the Netherlands. After graduation, in years 1995-1999 she was appointed as a researcher at the Faculty of Medicine, PJ University, Kosice, Slovakia. Her research topic dealt with quality of life in patients with rheumatoid arthritis and was carried out within the framework of the EURIDISS study (4th FP). Between 1999 and 2003 she worked for Social Work Advisory Board as a project manager. She co-operated on projects aimed at improving the quality of social services in Slovakia, in particular their transformation, decentralisation and deinstitutionalisation. Since 2004 she has been appointed as a senior researcher at the PJ Safarik University, Kosice Institute for Society and Health (KISH). Her main research interests lie in chronic diseases, disability and quality of life as well as methodology of research and statistics. Since 2003 she is an executive director of the Slovak Public Health Association (SAVEZ). Since 2003 she is a member of the European Public Health Association (EUPHA) International Scientific Committee and since 2006 she is the president of the EUPHA section on Chronic Diseases.*

