

## OBJECTIVES AND TARGET GROUP

This pilot aims to strengthen regional efforts to tackle health inequalities in Finland by examining local policymakers' data needs, evaluating the development of national health monitoring infrastructure, and developing a user-friendly health inequalities monitoring tool. It addresses gaps in how health data and dashboards are currently used to support local health equity-focused policy development.

## KEY ACTIVITIES

- Activity 1: Case study on the Finnish national health index
- Activity 2: Case study on the Finnish wellbeing services counties' use of data and data dashboards in health inequalities monitoring
- Activity 3: Developing a monitoring tools to support sub-national health inequalities monitoring

## PROMISING RESULTS

1. The pilot has identified practical barriers to equity-oriented monitoring using dashboards, including fragmented data sources, limited stratification by socioeconomic factors, insufficient granularity, usability challenges, and lack of shared understanding on which indicators should be used.
2. The pilot findings are being used to inform the re-development of Finland's main public health dashboard, Sotkanet. Based on findings, a separate tool for health inequalities monitoring is under development under a new national dashboard (SAO) which is to be recommended for wider wellbeing services counties use. As such the pilot is promising policy relevance through direct uptake.
3. The pilot has ensured transferability through disseminating results in international and national forums and creating discourse around the user experience of dashboard use for monitoring inequalities and beyond.

## STAKEHOLDERS

Primary: National Institute of Health and Welfare, Finnish wellbeing services counties

Secondary: Dashboard developers, etc.

Tertiary: Municipal actors, NGOs, and sectoral experts. National policymakers and guidance bodies.

## SYNERGIES WITHIN THE JA

WP8: Tasks 8.1, 8.3 and 8.5

WP7: pilot 8

Countries involved: Finland

Lead institution: National Institute of Health and Welfare (THL), Finland, [tuuli.vonwright@thl.fi](mailto:tuuli.vonwright@thl.fi)

Scope of the pilot: regional

## OBJECTIVES AND TARGET GROUP

Create a comprehensive database including data on associations between occupation and cancer diseases covering periods of up to 60 years. Participating countries: Denmark, Finland, Iceland, Norway, and Sweden. Particular objective of this pilot is to add a new country to the group: Estonia. Target group: general population, scientific community, and political decision makers

## KEY ACTIVITIES

- Systematic **data-mining** to identify **new associations** between specific occupations and specific cancers.
- Measuring **impact of cancer prevention**, e.g. regulation of exposure to asbestos, by **monitoring time trends** in exposed occupation; and also estimating the impact of recent changes in work environments, such as increased sedentary work.
- Mapping changes in cancer patterns across socioeconomic groups, e.g. in colorectal cancer

## PROMISING RESULTS

First results will be published in 2026. The study includes data from five Nordic countries and both sexes, covering approximately 60 occupational categories and 75 cancer sites. Estonia is not included yet. Given the extensive scope of the analyses, numerous findings across occupational groups, cancer outcomes, and socioeconomic strata are expected to be reported. At the end of the pilot, Estonia will be a part of NOCCA. Report or short communication letter is expected.

## STAKEHOLDERS

Research partners and scientific institutions  
 Data providers and registry authorities  
 Public health and regulatory bodies  
 Healthcare and occupational health services  
 Workers, employers, and society.

## SYNERGIES WITHIN THE JA

Data harmonisation and shared methods  
 Joint analyses for NCD prevention  
 Exchange of expertise and infrastructure  
 Support for European policy and prevention  
 Comparable occupational cancer indicators

Countries involved: Denmark, Finland, Iceland, Norway, and Sweden, additional: Estonia

Lead institution: Norwegian Institute of Public Health, Cancer Registry Norway. [marcinwlodzimierz.wojewodzic@fhi.no](mailto:marcinwlodzimierz.wojewodzic@fhi.no), [jan.ivar.martinsen@fhi.no](mailto:jan.ivar.martinsen@fhi.no)

Scope of the pilot: municipality/regional/national/EU

### OBJECTIVES AND TARGET GROUP

Gender is an important determinant of health inequalities. Gender-sensitive health indicators can improve health monitoring and reporting and support gender-responsive health promotion, prevention, healthcare, and policymaking. To date, no such indicators exist for Germany. This pilot aims to (i) identify existing gender-sensitive health indicators across EU and OECD countries, (ii) systematically assess their relevance, and (iii) propose a core set of indicators for gender-sensitive health reporting at the Robert Koch Institute in Germany.

### KEY ACTIVITIES

- **Activity 1:** Scoping review of evidence (2014–2024) from six electronic databases and relevant grey literature across EU and OECD countries to identify a gender-sensitive indicator set.
- **Activity 2:** Three-stage Delphi process (two online surveys and a stakeholder workshop) to systematically assess the indicator set.
- **Activity 3:** Consolidation of a core indicator set for gender-sensitive health reporting at the Robert Koch Institute.

### PROMISING RESULTS

- **Mapping of gender-sensitive health indicators** across EU and OECD countries, providing a transferable evidence base for gender-sensitive health reporting.
- **Identification of relevant national health reports and grey literature**, enabling cross-country learning and synergies among Joint Action partners.
- **Basis for harmonized, policy-relevant gender-sensitive reporting**, supporting uptake by public health authorities.

### STAKEHOLDERS

- Health monitoring and reporting units
- Public Health Services
- Gender and health research institutions
- Relevant NGOs
- EU-level public health stakeholders
- WHO

### SYNERGIES WITHIN THE JA

- **WP8 (T8.1–T8.5):** Contribution of gender-sensitive indicators to harmonized inequality monitoring.
- **WP10 (T10.1):** Evidence on gender-related risk determinants.
- **WP7:** Exchange with other inequality indicator pilots.

Countries involved: Germany

Lead institution: Robert Koch Institute, project lead: Franziska Prütz ([PruetzF@rki.de](mailto:PruetzF@rki.de))

Scope of the pilot: National

## OBJECTIVES AND TARGET GROUP

The main objective of the pilot is to identify individual barriers to screening and early detection of three types of cancer (cervical, breast, and prostate cancer) and to develop evidence-based recommendations for local authorities at the regional level, as well as to provide training for healthcare managers and personnel on motivational counselling to improve patient participation in cancer screening.

**Target groups:** General population, local authorities, healthcare facility managers

## KEY ACTIVITIES

- Conduct a population-based survey to identify individual barriers to accessing cancer screening services and carry out in-depth interviews with healthcare providers.
- Develop regional-level recommendations for local authorities to address identified barriers.
- Organize training sessions for healthcare facility managers and medical staff on motivational counselling to improve patient participation in screening.

## PROMISING RESULTS

- **Transferability:** Identification of key individual and systemic barriers will allow adaptation of recommendations and interventions to different regions or population groups in Ukraine, taking local context into account.
- **Research impact:** Collection of evidence on obstacles to cancer screening participation, including perspectives of patients and healthcare providers, which can serve as a basis for targeted interventions.
- **Policy relevance:** Development of practical recommendations for local authorities and healthcare managers to improve coverage of cervical, breast, and prostate cancer screening programs.

## STAKEHOLDERS

- Local health authorities (regional level)
- Managers of healthcare facilities (hospitals, clinics)
- Primary care physicians and specialists involved in cancer screening
- Professional medical associations (e.g., oncology, gynaecology, urology)

## SYNERGIES WITHIN THE JA

Most relevant synergies: WP2, WP3, WP4

Links within WP7: The pilot links to WP7 Social Inequalities and WP7 pilot actions by addressing disparities in access to cancer screening and developing targeted interventions.

**Countries involved:** Ukraine

**Lead institution :** Public Health Center of the Ministry of Health of Ukraine (PHC), [y.kotykovych@phc.org.ua](mailto:y.kotykovych@phc.org.ua)

**Scope of the pilot:** National-level pilot implemented across Ukraine.

### OBJECTIVES AND TARGET GROUP

The main objective of the pilot is to better understand the relation between breast cancer survival and socioeconomic environment status (SES), by studying patient's pathway and quality of care in several European countries, while taking into account stage at diagnosis, comorbidities and prognostic factors.

### KEY ACTIVITIES

- **Activity 1:** drawing up the list of relevant variables and quality of care indicators that may be collected by each participating country
- **Activity 2:** link cancer registry data to national health databases (legal authorization required)
- **Activity 3:** analyse the influence of SES on cancer detection and on stage at diagnosis
- **Activity 4:** analyse the influence of SES on quality of care
- **Activity 5:** analyse the respective impact of SES and quality of care

### PROMISING RESULTS

Substantial differences between countries as for available data, despite efforts to harmonize data collection in cancer registries at European and international levels: this underlines the need to pursue harmonization efforts (= goal of the CancerWatch joint action)

*No other promising result at this stage since scientific analyses are just getting started*

### STAKEHOLDERS

National Cancer Institute (Inca in France)  
National and regional health agencies (*currently undergoing structural reorganizations in France*)

### SYNERGIES WITHIN THE JA

WP8 (8.1 - 8.3 - 8.5)

Countries involved: France, Belgium, Estonia

Lead institution: Unicancer (France)

Scope of the pilot: national + EU

### OBJECTIVES AND TARGET GROUP

**The main objective** of the pilot is to build a uniform and scalable model for collecting data on SDOHs for patients with liver cancer (LC) and to standardize tools for analysing the correlation of SDOH with LC health outcomes. This to evaluate the role played by SDOHs in LC outcomes and suggest ethically sound strategies to improve health equity in the LC pathway of care.

**Target population:** Patients with chronic liver disease of different etiologies.

### KEY ACTIVITIES

- **Activity 1:** Definition of the items to be included in the eCRF in relation to SDOHs and clinical outcomes.
- **Activity 2:** Identification of the clinical centers to be engaged in the pilot and training on how to fill in the new SDOH-related items in the platform.
- **Activity 3:** Data collection, data quality monitoring, and analysis.
- **Activity 4:** Evaluation of the correlation between SDOHs and liver cancer outcomes.
- **Activity 5:** Development of recommendations for policymakers.

### PROMISING RESULTS

1. Identification of the potential association between SDOHs and liver cancer development.
2. Identification of optimal interventions to be carried out in patients with chronic liver disease in terms of diagnosis and treatment.

### STAKEHOLDERS

- Ministry of Health
- Regional Health Authorities
- Scientific societies (AISF, SIMIT, AIOM) patient associations
- EU Joint Action partners)

These stakeholders could use the pilot results to design and implement evidence-based interventions to reduce inequalities in LC prevention, diagnosis, and treatment, and to scale up the SDOH data collection model nationally and internationally.

### SYNERGIES WITHIN THE JA

T8.1, 8.3 and 8.5

T10.1 and 10.4

Countries involved: Italy

Lead institution: Istituto Superiore di Sanità, [loreta.kondili@iss.it](mailto:loreta.kondili@iss.it)

Scope of the pilot: national

### OBJECTIVES AND TARGET GROUP

The main objective of the pilot is to develop and implement a digital information system based on the Place Standard tool to rapidly assess and monitor inequalities in 14 key health determinants at the local level. The pilot aims to benchmark results across municipalities, identify priority areas for improvement, and support co-produced, equity-oriented actions to improve health and wellbeing.

### KEY ACTIVITIES

1. Digitalisation of the Place Standard tool into a cloud-based interactive platform.
2. Collection of quantitative and qualitative data, disaggregated by key equity axes.
3. Integration of speech-to-text and content analysis tools to structure community inputs.
4. Development of benchmarking functionalities for cross-municipality comparison.
5. Establishment of intersectoral stakeholder groups to support implementation and co-production of actions.

### PROMISING RESULTS

- **Transferability:** A scalable digital platform adaptable to other municipalities and countries, enabling harmonised benchmarking and equity monitoring.
- **Research impact:** Structured quantitative and qualitative data linking living environment conditions with health-related QoL and inequality axes, strengthening local evidence on social determinants of health.
- **Policy relevance:** A decision-support tool to prioritise actions based on community needs and quantified inequalities, directly supporting local health planning and intersectoral policies.

### STAKEHOLDERS

1. Municipal governments and local policymakers, including municipal health promotion networks.
2. Regional and national public health authorities.
3. Community organisations and neighbourhood associations.
4. Researchers in health equity and social determinants of health.
5. WHO (Collaborating Centre Public Health Scotland).

### SYNERGIES WITHIN THE JA

WP5 – T5.7  
WP6 – T6.1  
WP6 – T6.3  
WP8 – T8.5  
WP9 – T9.1  
WP9 – T9.4

Countries involved: Spain

Lead institution: FISABIO – [ana.ocana@fisabio.es](mailto:ana.ocana@fisabio.es); [peiro\\_ros@gva.es](mailto:peiro_ros@gva.es)

Scope of the pilot: municipality

### OBJECTIVES AND TARGET GROUP

- Develop a set of core indicators to monitor health inequalities in NCDs and to identify groups in particular need of preventive measures
- Evaluate indicators with different stakeholders to assure that the core indicator set caters to the needs of policy makers and practitioners
- Examine implementation options in German NCD Surveillance and identify gaps where further investment is needed

### KEY ACTIVITIES

- Define a theoretical frame on SDOH and Health Inequalities
- Define criteria on indicator selection
- Identify good practice countries (with elaborated Health Equity Monitoring Systems)
- Identify existing indicator sets and tools on developing Indicators on Health Inequalities/Health Equity
- Delphi process to evaluate indicators

### PROMISING RESULTS

- Updated conceptual framework on SDOH/Health Inequalities
- List of internationally applied/ suggested indicators on SDOH categorized by indicator level, measure, source
- (German) core indicator set for SDOH in adulthood

### STAKEHOLDERS

Health Monitoring practitioners

### SYNERGIES WITHIN THE JA

WP 8.1

WP 9.4

Countries involved: Germany

Lead institution: Robert Koch Institute, Berlin Germany (Unit 28 - Social Determinants of Health), contact: Julia Waldhauer [waldhauerj@rki.de](mailto:waldhauerj@rki.de)

Scope of the pilot: national

### OBJECTIVES AND TARGET GROUP

The pilot addresses the critical need for coordinated, evidence-based policymaking to tackle persistent health inequities in non-communicable diseases through a Health in All Policies approach.

**The main objectives:** Strengthen institutional capacity for monitoring, research and training on social inequities; Support sustainable cross-sectoral collaboration for health equity research and policy development; Enhance national, regional, and local capacity for evidence-informed decision-making.

**Partners:** Key national sectoral institutions in the fields of health, education, agriculture, environment, labor, social affairs, and the economy.

### KEY ACTIVITIES

- Establishment and coordination of an interdisciplinary platform.
- Organisation of national capacity-building events on health inequities
- Development of platform governance and coordination framework document

### PROMISING RESULTS

- Improved coordination and collaboration between sectoral institutions addressing health inequities
- Strengthened national capacity for monitoring and analysing inequities in cancer and NCDs.
- Transferable governance and collaboration model for Health in All Policies implementation.

### STAKEHOLDERS

Ministries and affiliated institutions responsible for health, social affairs, labour, education, environment, and development, Regional and local authorities, Civil society organisations and NGOs, Policy advisory and analytical bodies.

### SYNERGIES WITHIN THE JA

WP 4: 4.3, 4.5, 4.7

WP 8: Task 8.1, 8.3, 8.5

WP 9: Task 9.1, 9.3, 9.4, 9.6

Countries involved: Slovenia

Lead institution: National institute of public health, [neenakosti.zdravje@nijz.si](mailto:neenakosti.zdravje@nijz.si); [prevent.ncd@nijz.si](mailto:prevent.ncd@nijz.si)

Scope of the pilot: National