INSTITUTE of HEALTH EQUITY

REDUCING HEALTH INEQUITIES THROUGH ACTION ON THE SOCIAL DETERMINANTS OF HEALTH

Health Inequity: the Social determinants of health and Collective Impact: Making the case for investment in prevention.

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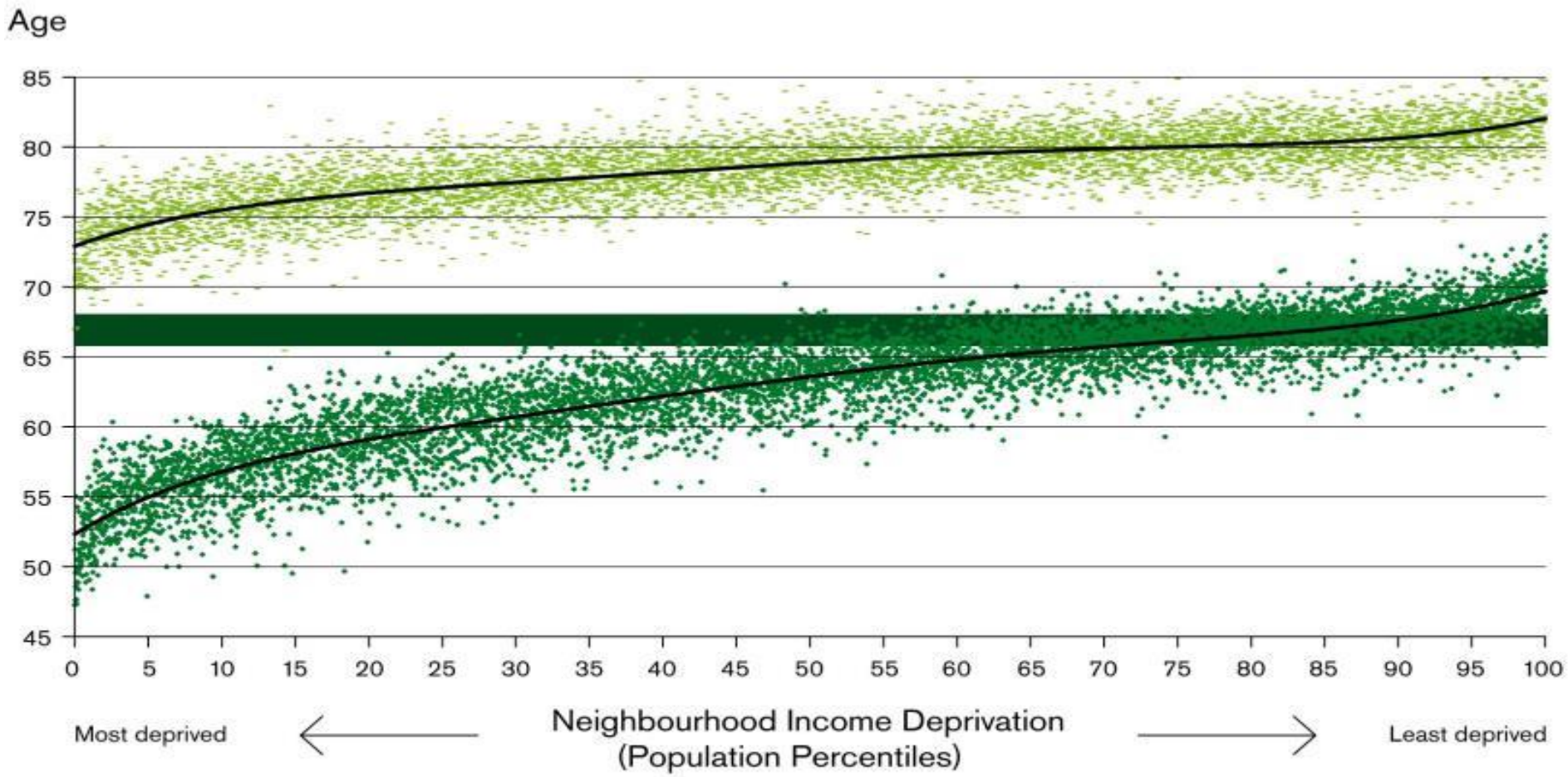
1. Making the case for investment in the SDH and prevention

The social gradient in Australian mortality, 2009–2011

Size of the problem

AIHW 2014d.

Figure 1 Life expectancy and disability-free life expectancy (DFLE) at birth, persons by neighbourhood income level, England, 1999–2003



Source: Office for National Statistics[5]

Size of the problem

A social determinants of health strategy

Drivers of problem

A. Give every child the best start in life
B. Enable all children, young people and adults to maximise their capabilities and have control over their lives.
C. Create fair employment and good work for all
D. Ensure a healthy standard of living for all
E. Create and develop healthy and sustainable places and communities
F. Strengthen the role and impact of ill-health prevention
G. Tackle discrimination

Country/WHO commissioned 'Marmot' reviews illustrate **independent** impact of each of these factors on health and well-being and Inequalities in outcomes

Action is needed on all – need to work across multiple sectors to reduce inequalities in health

Because commissioned by Government – they need to respond and say what they will do

Contribution of social factors to health outcomes

Contribution of drivers to outcomes of interest

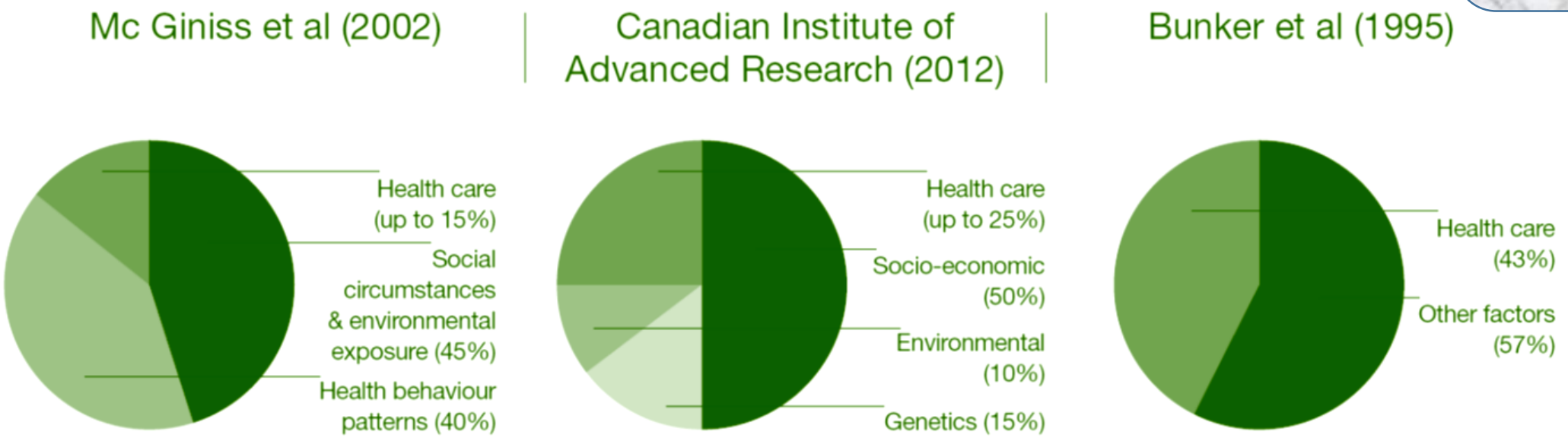


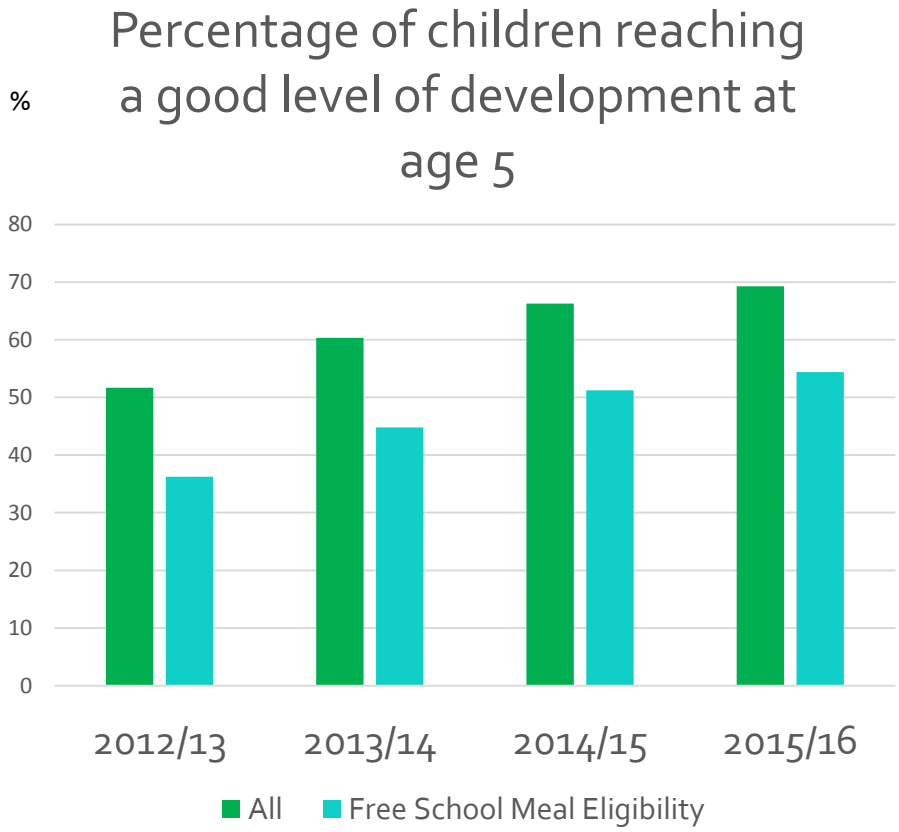
Figure 1: Estimates of the contribution of the main drivers of health status
Source: www.kingsfund.org.uk/time-to-think-differently/trends/broader-determinants-health

- Can say that, although estimates vary, a number of studies suggest that social and environmental factors account for between 40- 60% of variation in health outcomes
- Therefore to improve health need a strategy that improves these

Add some pressure

Concern about the problem – voters!

- Social Determinants of Health are monitored as part of public health outcomes framework.
- Monitoring inequalities annually and press conferences on inequity keeps Government on its toes. Use big, well respected name.
- 2012/13 – half our children are not ready for school etc.
- 20% of people think that poverty and inequality are the biggest issue facing the country right now



Its not enough to say there is a problem

Problem is amenable to intervention

- You need to illustrate that these gaps are not inevitable.

Good level of Development and eligible for FSM

>67% Haringey, Lewisham, Bexley, Greenwich

c. 40% Stockton on Tees, Blackburn and Darwen, and Leicestershire

- And that there are effective ways to tackle issues

Our men our healing – Domestic violence programme – remote northern territories

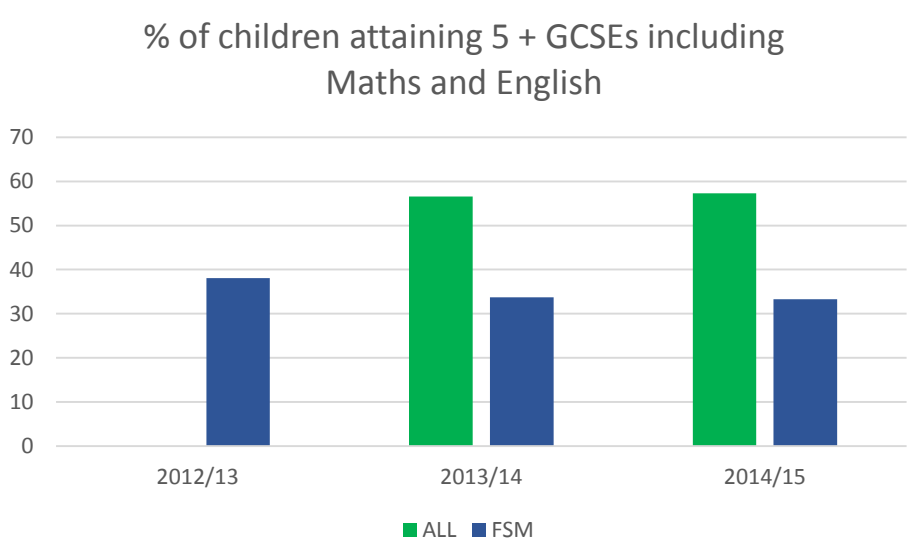
Decrease in incidents of family and domestic violence.
Less violence in general.
Suicide and self-harm rates also decreased.

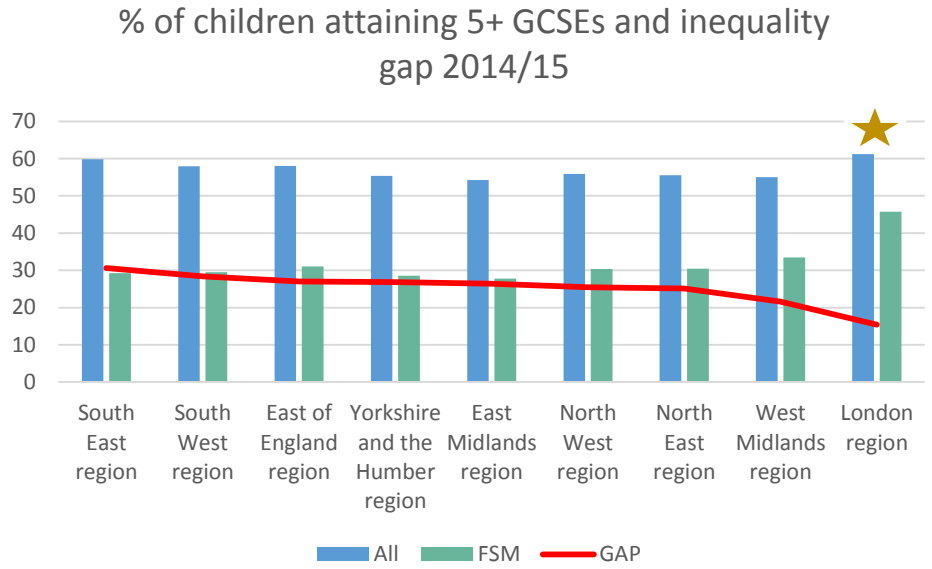
Women reported feeling safer health and emotional wellbeing among men improved

Being poor is not a life sentence, it is possible to reduce gaps in attainment

Problem is amenable to intervention

* No GCSEs count as more than one, taken first time. New criteria for statistic introduced in 2014





Of concern

And room for improvement

Still unconvinced.. modify argument to suit current environment

Align with key pressing policy priorities/ Political ethos

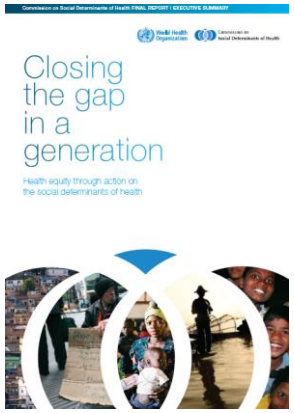
- SDH account for c. 50% of variation in outcomes, this is strategy to reduce pressure on health services and to reduce hospital admissions
- Inequality in illness accounts for productivity losses of £31-33 billion per year, lost taxes and higher welfare payments in the range of £20-£32 billion per year and additional NHS healthcare costs associated with inequality are well in excess of £5.5 billion a year.
- It is more cost effective to intervene in the early years than later in life, inequalities accumulate. (Heckman research)
- Personal responsibility does have some part to play, but health behaviours such as smoking and drinking too much are often mal- adapted coping strategies – need people need to be in a more comfortable and secure place to stop/cut down. Health (a long term goal) is not a priority for people who need to focus on shorter term goals of survival.

Need to influence wider than health sector

Provide templates to help cross sectoral action

- Levers for good work, housing, childcare and incomes not within the remit of public health specialists
- Need to work across sectors.
- Learn from others
- Health impact assessments on all policies or Health in All policies approach at top level. Former may be easier to achieve in more hostile environment.
- Need to influence at highest levels of Government

Getting on the band wagon



2008

WHO world conference - The Rio Political Declaration on SDH

125 WHO member states signed commitment to implement a SDH approach to reduce health inequity and to achieve other global priorities.

2011

UN General Assembly Political declaration on the prevention and control of non Communicable diseases calling for multi-sectoral approaches

Health in all policies approach

EU treaty obliges all EU countries to follow HiaP.
Healthy China 2030
South Australia – HiaP in South Australia Strategic Plan

2015

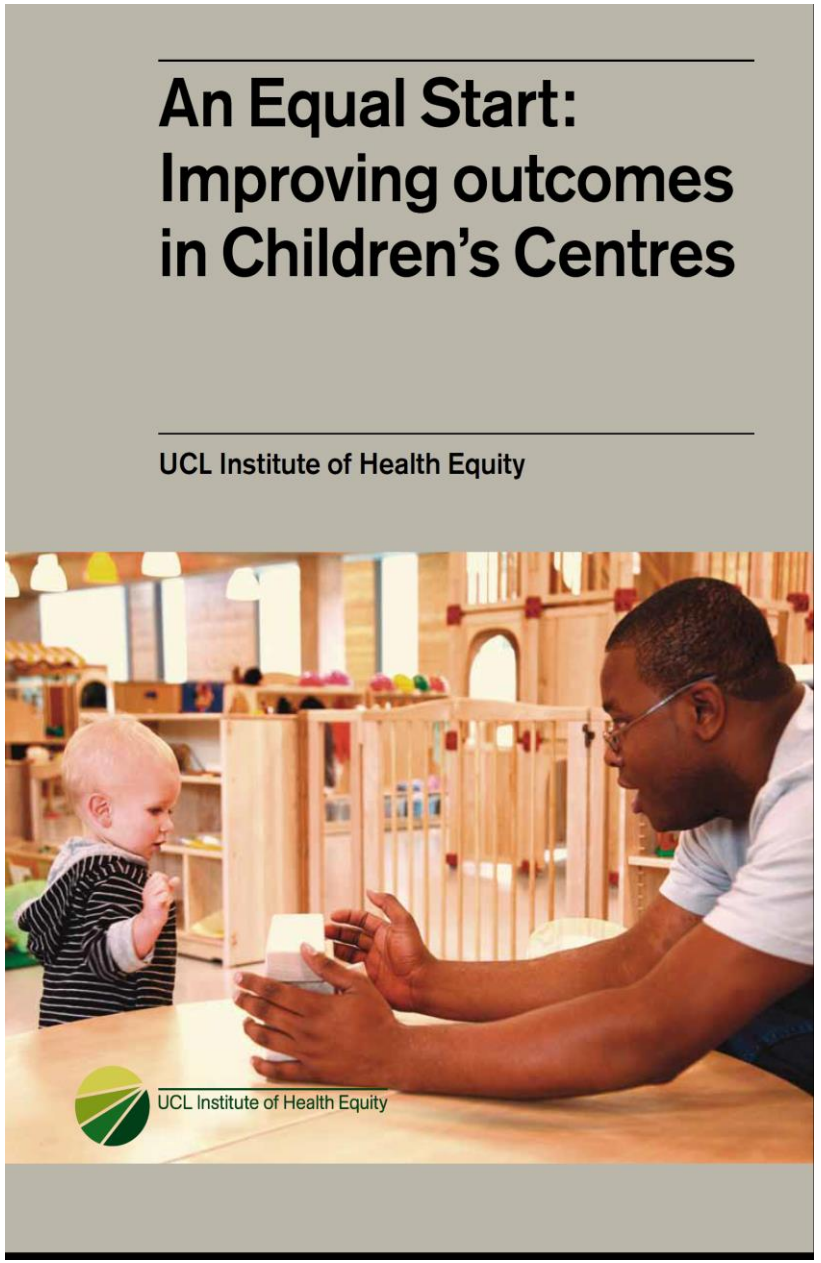
Sustainable Development Goals – much cross over – opportunities to align measurement to capture SDH

Use UN agreements as further leverage

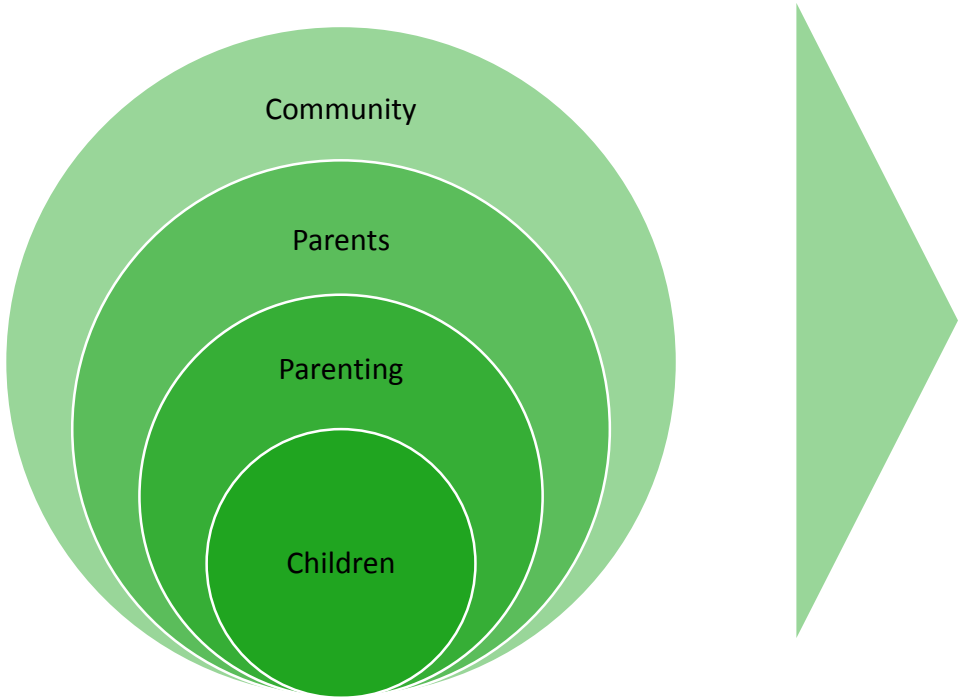
Step 2. Evidence base for the need for cross-sectoral work *within* sectors

This report identifies 21 outcomes that are important to improve in the early years which predict future health and development outcomes.

Bowers-Purdes A, Strelitz J, Donkin A and Allen A (2012)



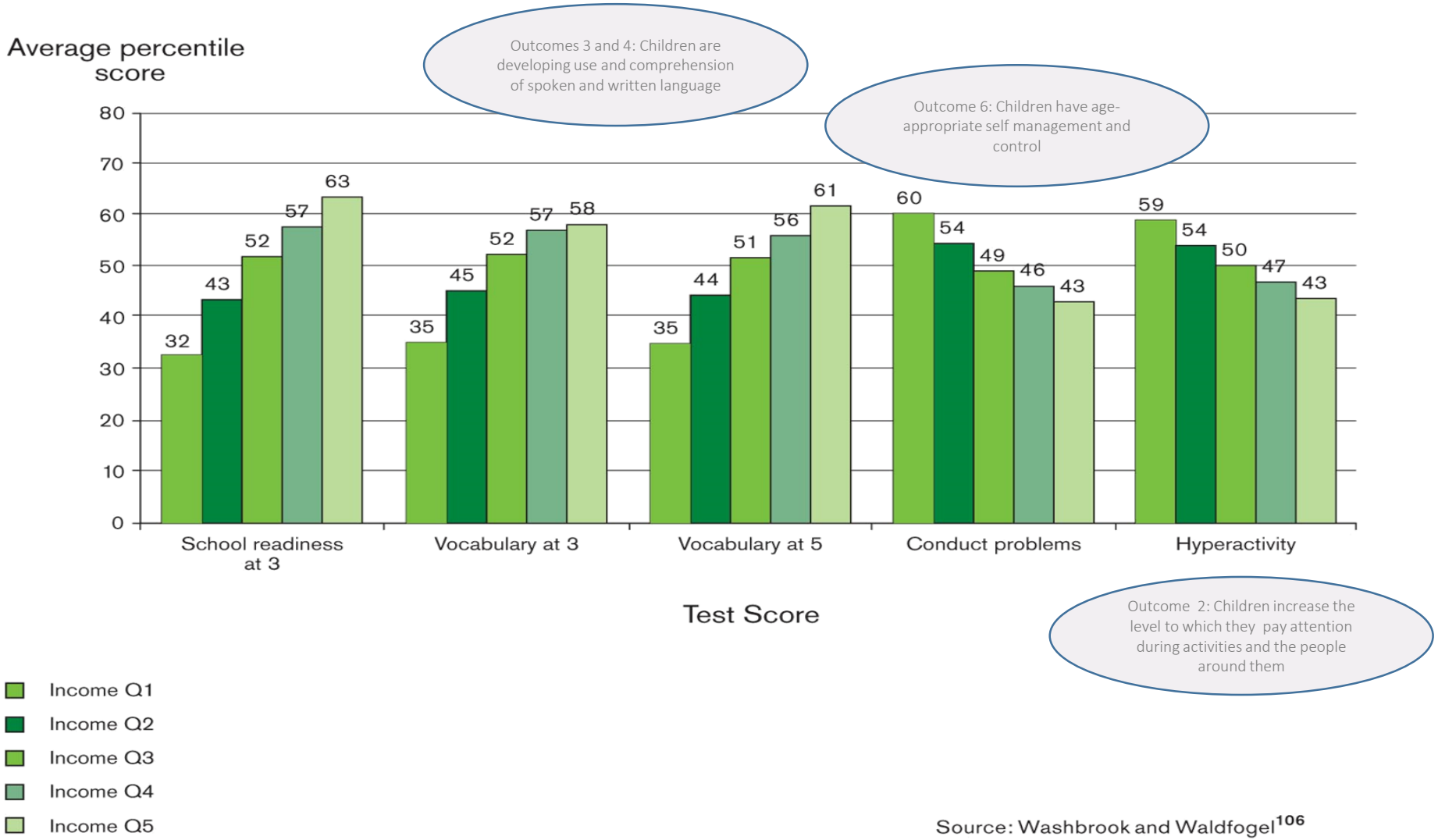
An ecological conceptual model



Focus on what matters most, where there is most inequality and what can be changed

- **Children's health and development**
- **Parenting**
- **Parent's lives**

Figure 2.22 Indicators of school readiness by parental income group, 2008



Source: Washbrook and Waldfogel[106]

Outcomes – children

1. Age appropriate drawing and copying
2. Pay attention during activities and to people
3. Age appropriate comprehension of spoken and written language
4. Age appropriate use of spoken and written language
5. Engaging in age appropriate play
6. Age appropriate self management and self control
7. Birth weight
8. BMI

Good quality home learning environment, stimulation/ good quality childcare – parents/speech and language therapists/ childcare sector/health visitors/GPs

Bonding – reducing stress, reduction in violence/ACES, educating parents, parenting classes. Parents/specialist providers, health visitors

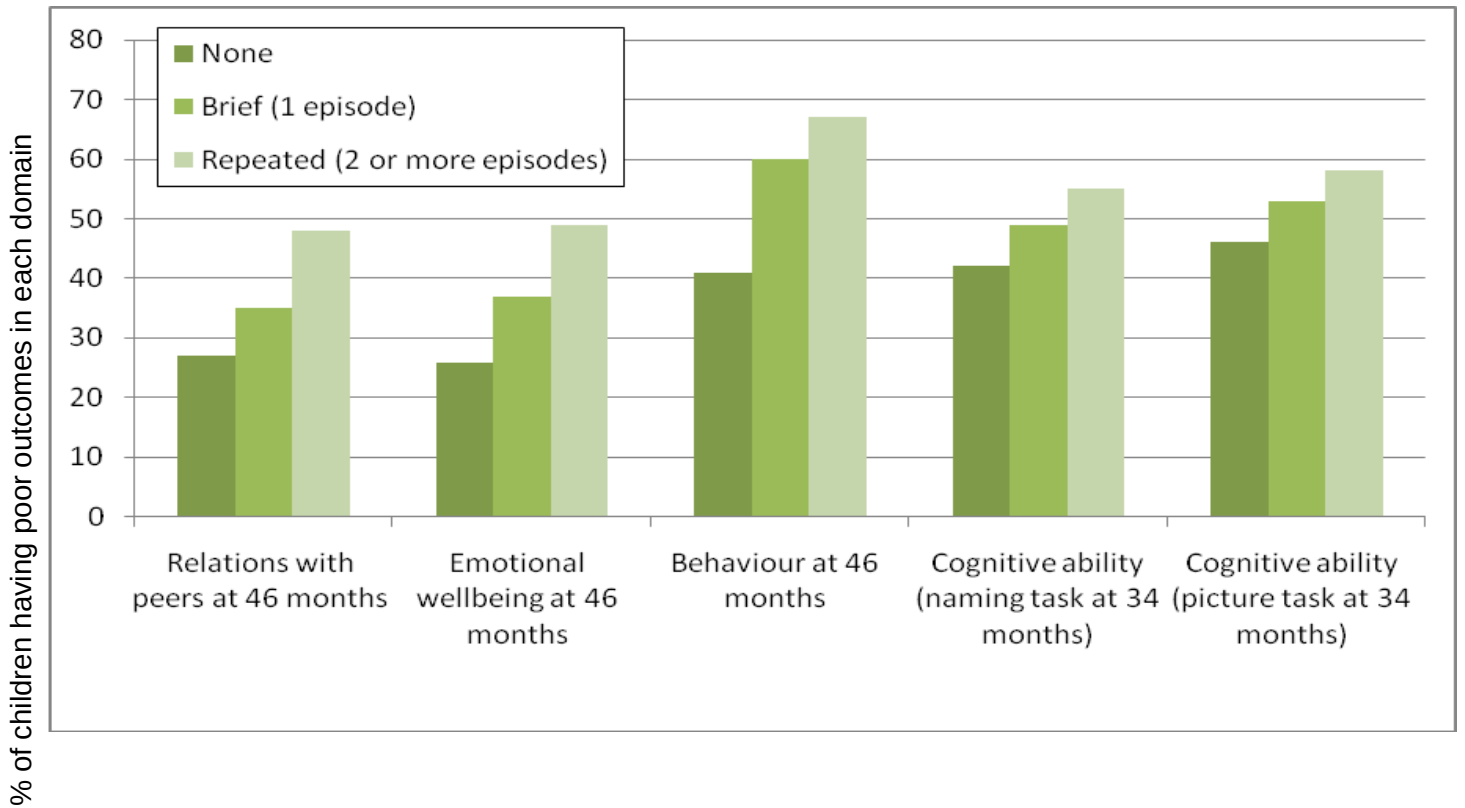
Reduce poverty, tackle addiction, reduce stress, provide maternal Supplements, reduce teenage Pregnancy National economic policy, Addiction support, local mitigation of Poverty, schools, parents

Reduce poverty, breastfeeding, support healthy eating. National economic policy, Midwives and health visitors, childcare facilities, parents, health promotion specialists.

Outcomes- parents

9. Not smoking
10. Breastfeeding
11. Regularly talking to their child using a wide range of words and sentence structures, including songs, poems and rhymes
12. Reading to their children everyday
13. Regularly engaging positively with their children
14. Improved parental responsiveness and secure parent-child attachment
15. More parents setting and reinforcing boundaries
16. More parents are increasing their knowledge and application of good parenting

Poor child outcomes in relation to maternal mental health status (%)



Outcome 17

Increase in the number of parents with good mental health

Marryat L and Martin C (2010) Growing up in Scotland: Maternal mental health and its impact on child behaviour and development

Outcomes – parenting context

17. More parents are experiencing lower levels of stress in their home and lives

18. More parents with good mental well-being

19.More parents have greater levels of support from friends and/or family

20. Improving basic skills, particularly in literacy and numeracy

21. Financially self supporting - More parents are accessing good work or developing the skills they need to, particularly those furthest away from the labour market

Increasing numbers in employment and good work

Minimum income for healthy living

Improving educational attainment and lifelong learning and reducing gaps.

Reducing mental ill health

The mechanics of working together and improving outcomes

Money – who pays for the intervention?

Who is paying	Issues	Mitigation
Early Intervention	Need to deliver childcare/EY programmes, little additional money for targeted interventions on parenting such as Family Nurse Partnership. Benefits seen by criminal justice system, health and schools sectors	Identify beneficiaries and illustrate savings to them to help leverage additional funding from other sectors/national or local government. Run CBA/SROI analyses Be very clear, if other sector involvement, on how they may realise benefits
Expansion of fire service to work with disadvantaged	Fire services in privileged position to enter homes of disadvantaged and intervene/signpost. Work prevents re-admission to hospital. Small areas of good practice. Not usual remit for fire services, not supported, no scale up.	Illustrate added value of services to health budgets – funding will depend on costs/benefits over other options.
Increased incomes	Low wage climate, increasing poverty among workers, little climate for redistribution and higher taxes for most tax payers. GDP growth prioritised	Higher taxation of higher paid workers and global companies. Global agreements on tax evasion/havens/corporate taxation rates needed. Wellbeing measures need equal footing to GDP.

Long term challenges, short term politics

- Cross party support – like pensions – benefits seen in years to come - lifecourse approach.
- Align performance targets utilising same language and measures across sectors to foster collaboration
- Performance targets to include processes towards goals and not just reductions in costs/improvements in profit
- Increasing well-being placed on equal footing with increasing GDP

Sharing information and working together

- Information governance is a complex issue which includes:
  - Consent
  - Information sharing
  - Data security
  - Variations in local protocols

Royal College of Speech and language therapy (RCSLT)online tool example

The tool aims to provide a framework and a platform for practitioners to:

- facilitate communication – between the team and with the child/young person and their family
- share information to build a picture of a child / young person
- help professionals to work together, rather than in isolation
- tailor support, monitor progress and measure outcomes

Initially focused on children with Education and healthcare plans plans but the themes can potentially be used for all children

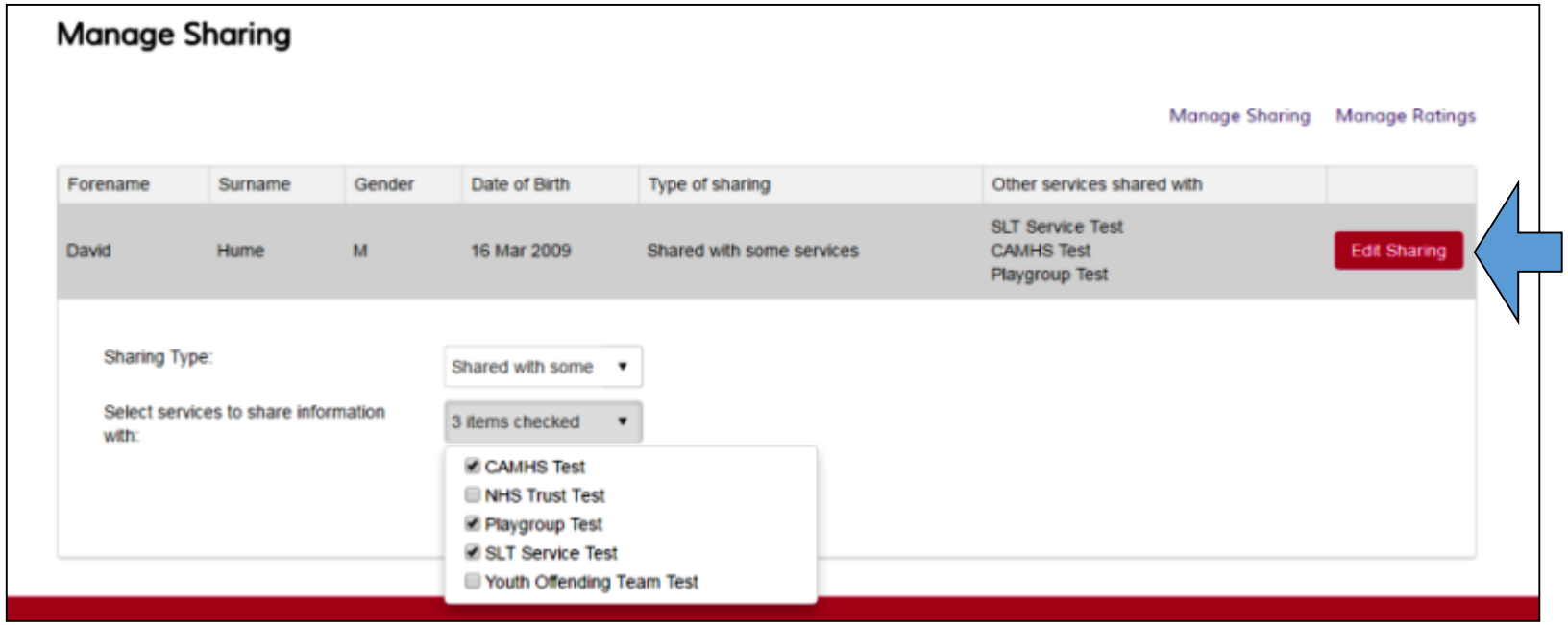
Information governance

- RCSLT approach:
  - Working with the Information Governance Alliance (IGA) at a national level
  - Working with information governance leads at a local level
  - The tool can accommodate local information sharing agreements
  - Developed an information governance pack

Access to documents based on individual level clearance.

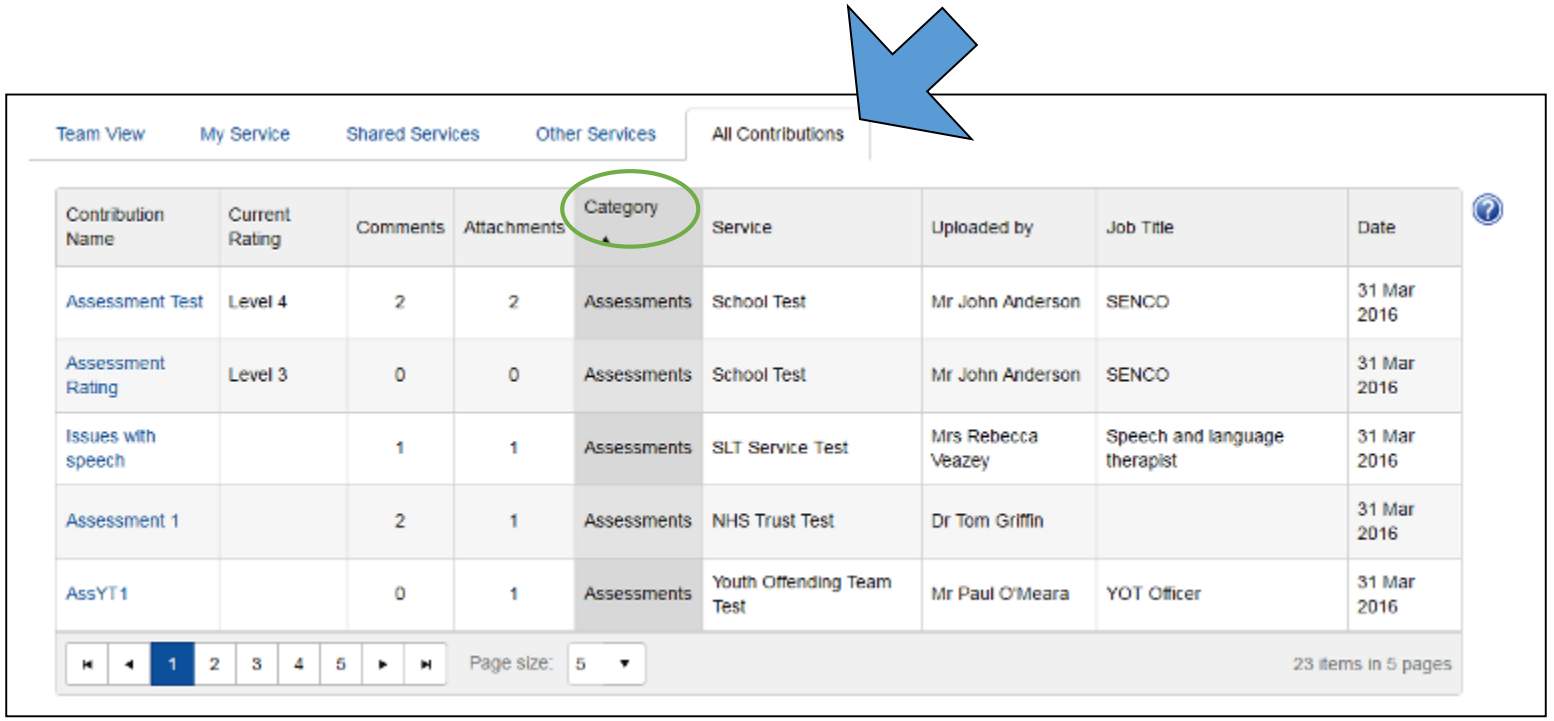
Consent

- You can view information entered by other services if and only if consent has been explicitly been indicated by that service.
- To manage who you share information with, click the ‘Admin’ link on the top navigation bar.
- You can then select the child or young person, and indicate which other services you have consent to share information with.
- Services you share with can view information you add, but cannot edit any of the information you enter.



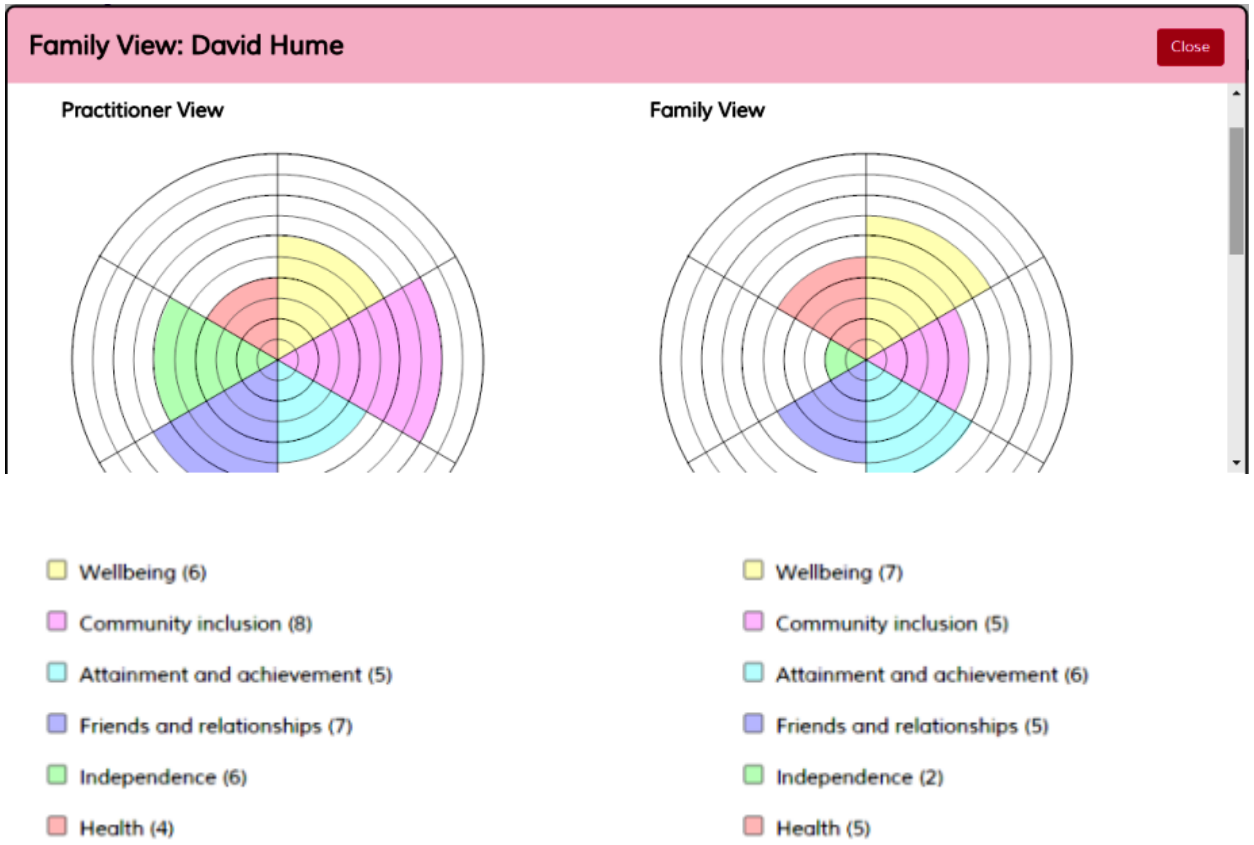
All contributions

- This tab brings together in one table all contributions for the child from the following:
  - Team View (multi-disciplinary information)
  - My Service (information from your own service)
  - Shared Services (information from services that have consented to share)
- This list below has been sorted by category to show all assessments that have been added.



Family view

- The family view screen provides an opportunity for a practitioner to share their view of the child's progress, with that of the child or their family.
- In the example shown, a bespoke rating scale has been created, and both the practitioner and the family have rated David's progress against each of the themes.



Improvements in modelling and evaluation of what works

- ScotPHo (Scottish public health office)
- UKHF model (UK Health Forum)
- IMPACT (Liverpool University)
- Dynamo HIA (Rotterdam University)
- Toulouse counterfactual model (Toulouse University)

- Models that estimate the impact of various interventions on cross sections of society or cohorts. All building up work to help decision makers prioritise action. Much easier to do this for smoking (where data is stronger) than for more upstream interventions. Need more evaluation.
- Work needs extending - heavily based at the moment just on health and not wider impacts.

What gets measured gets done

- Strong emphasis from IHE on monitoring in all reports
- Identify 6-10 key measurements and report annually
- Align with data already collected
- IHE UK measures – many are in public health outcomes framework,
- ‘Marmot indicators’ now routinely published by PHE

Marmot Indicators

- Life expectancy and Healthy life expectancy, and inequalities in life expectancy (SII)
- % with low life satisfaction
- Early years development at age 5, all and eligible for Free School meals – mapped against Index of multiple deprivation (IMD)
- GCSE attainment (incl Maths and English), all and eligible for FSM
- NEET, age 19-24
- Unemployment
- Fuel poverty
- % below minimum income standard
- Access and use of green space for health and exercise reasons

Lead by example – Coventry – A Marmot City

- In 2013 organisations across city of Coventry committed to work together to reduce regional health inequalities. IHE provided advice/support.
- Public health worked with different directorates across the council – planning, transport, education and employment. Also Clinical commissioning group, west midlands police, west midlands fire service
- Delivered projects and interventions
- Community midwifery, health visiting and children's centres redesigned into integrated teams.
- Community liaison and diversion service to work with offenders and offer treatment and support– mental health/learning disabilities/substance abuse
- Partners working together to get people into work – Coventry job shop.
- Coventry local plan – health and wellbeing embedded in all aspects of planning process, active travel encouraged with new cycle routes.
- Services commisioned to maximise social value
- Work started in most deprived areas.

Examples of improving integration

- Weekly integrated team meetings – identifying concerns earlier and agreeing mitigation
- Workforce development and encouraging new ways of working
- Co-location of clinics and children's services
- Mapping out services to highlight duplication and gaps and then taking action
- Developing and implementing information sharing agreements

Outcomes since 2013

- Life expectancy gap 11.4 to 9.4 men
- Breastfeeding up, better than national average
- 8% increase in number of children reaching a good level of devt
- 11% increase in children on FSM reaching a good level of devt.
- Increase in number of physically active adults 49-59%
- 22% reduction in crimes

- Cost savings - £1m a year. (estimated)

Summary

- Structured evidence based argument can highlight importance of cross sectoral work to reduce health inequalities.
- Within sectors – also may need to make the case for cross sectoral work.
- Must not only demonstrate problem – but solutions.
- We can reduce those gaps.
- Integrated working is possible but allow for time to embed - data sharing, co-location, ways of working all take time to change and may require legal help.

Further resources/work

- IHE for Public Health England – What works series.
- Currently engaged in Americas review
- LIFEPATH – biology of ageing by SES
- INHERIT – sustainable health interventions
- Evaluation and consultancy work
- SD Learning Disabilities
- Working with NHS vanguard sites.

- http://www.instituteofhealthequity.org/

Thank you

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