

Improving children's outcomes through an integrated social determinants of health strategy

Dr Angela Donkin
FRSA National Conference

Step 1. Influencing policy makers to adopt a social determinants approach

A social determinants of health strategy

- 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

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

Contribution of social factors to health outcomes



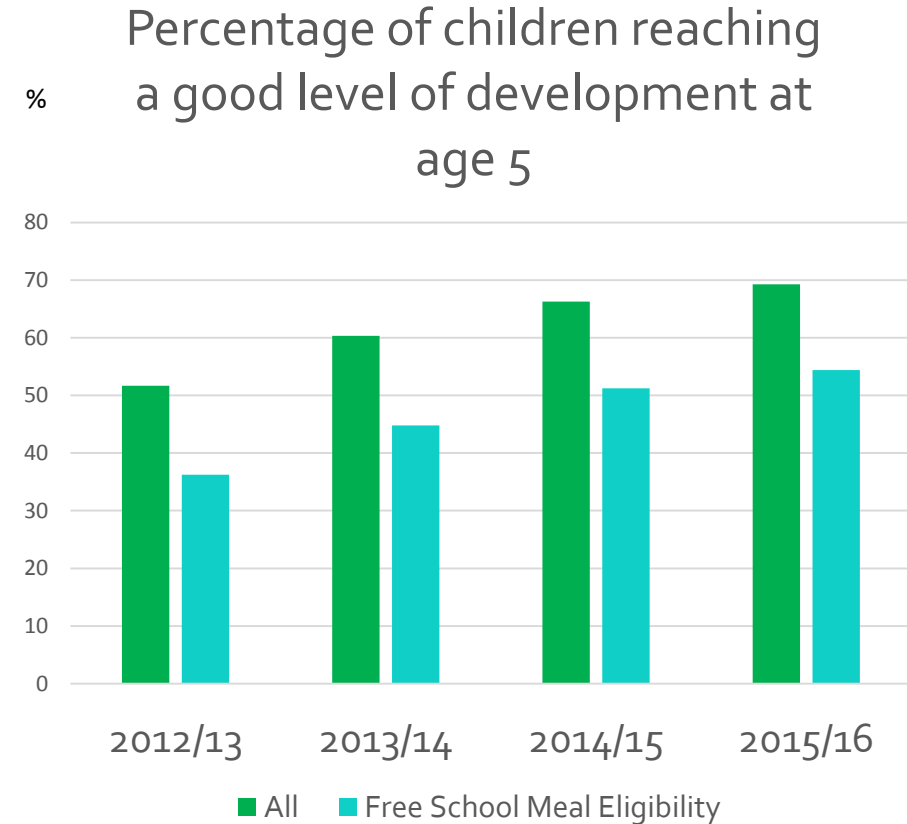
Figure 1: Estimates of the contribution of the main drivers of health status

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

- 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.



Its not enough to say there is a problem

- You need to illustrate that these gaps are not inevitable.
- And that there are effective ways to tackle issues

Good level of Development and eligible for FSM

>67% Haringey, Lewisham, Bexley,

Greenwich

c. 40% Stockton on Tees, Blackburn

and Darwen, and Leicestershire

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

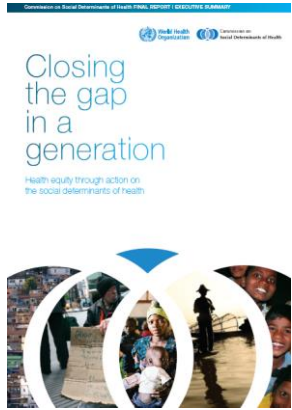
Still unconvinced.. modify argument to suit current environment

- SDH account for c. 50% of variation in outcomes, this is strategy to reduce pressure on NHS beds 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 and children's sector

- E.g. Levers for good work and incomes not within the remit of public health specialists or childcare professionals
- Need to work across sectors. Could identify shared wins – but who will realise savings, and to how to realise savings. Difficult, pooled resources might help. Strong leadership to deliver integrated strategy required – influence at a local level.
- Need 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 move focus of Government away from just GDP growth, and to adopt measures of well-being

Getting on the band wagon



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.

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

2008

2011

2015

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

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

Step 2. Improving children's outcomes – an evidence based strategy



Improving children's developmental outcomes and reducing inequalities in these is a key priority for strategies looking to reduce inequalities in health.

Improvements in the social determinants of health for families will improve child outcomes.

Key evidence

- Home learning environment
- Good quality childcare
- Bonding

.... Important for children's outcomes and reducing inequalities gaps...
but

Don't try this at home

- Child poverty review commissioned by Government stated that outcomes were driven by early years factors – bonding, home learning environment, good quality childcare *more than* poverty
- Convenient? Government abolished child poverty targets, with resulting large increases in absolute poverty.
- Depends on what outcomes. Increases in inequalities in obesity, food bank use, problems with feeding children in school holidays.

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)

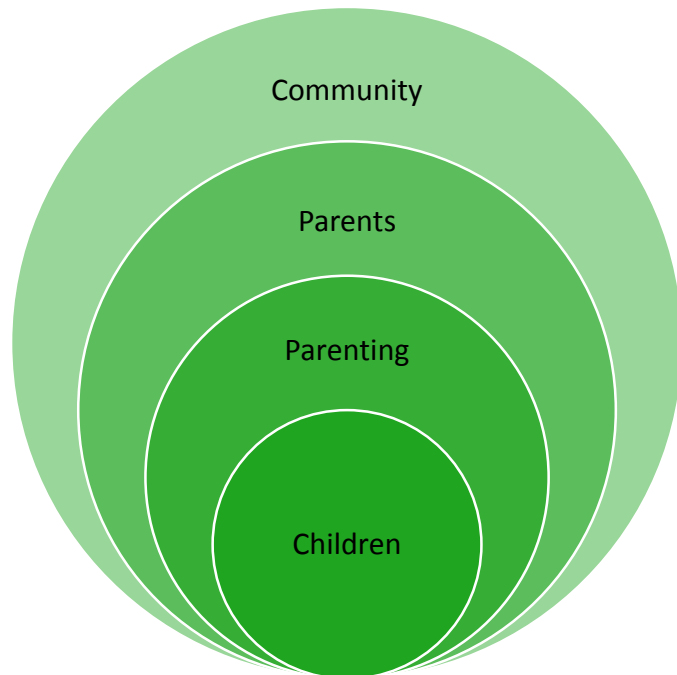
An Equal Start: Improving outcomes in Children's Centres

UCL Institute of Health Equity



UCL Institute of Health Equity

An ecological conceptual model



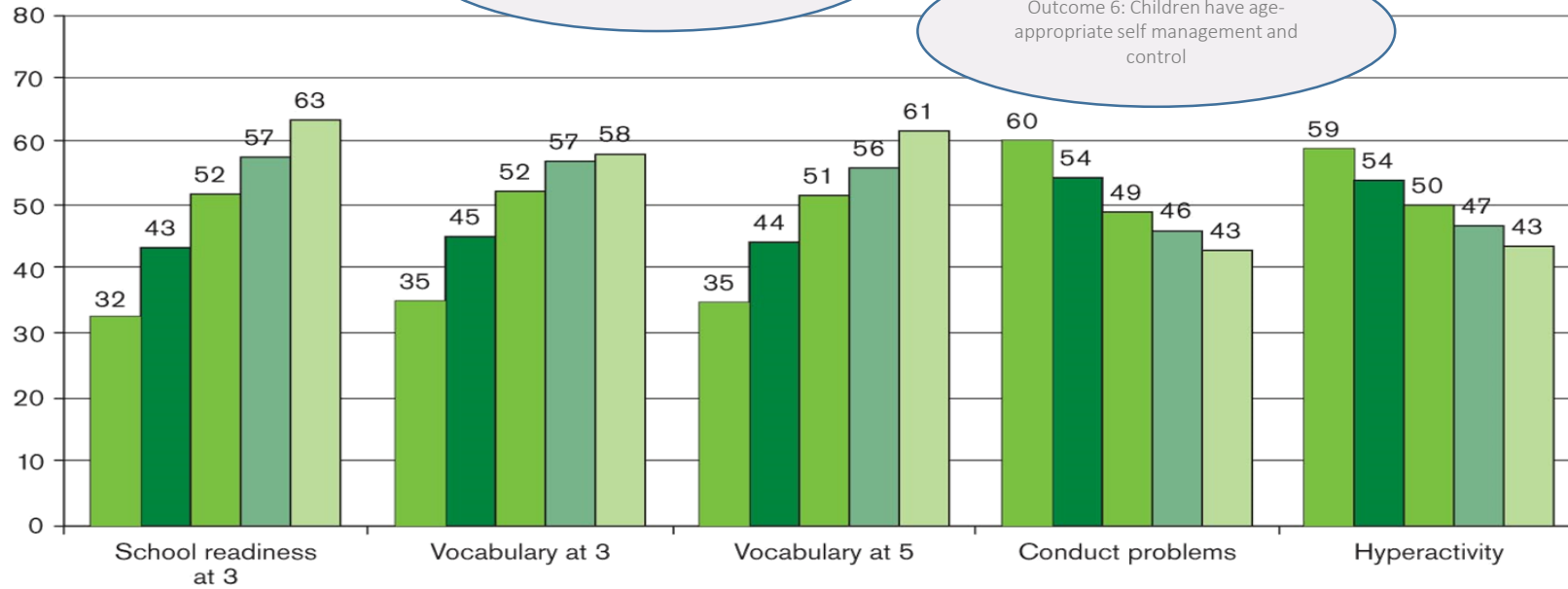
Focus on what matters most, where there is most inequality and what can be changed

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

Children

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

Average percentile score



Outcomes 3 and 4: Children are developing use and comprehension of spoken and written language

Outcome 6: Children have age-appropriate self management and control

Test Score

Outcome 2: Children increase the level to which they pay attention during activities and the people around them

- Income Q1
- Income Q2
- Income Q3
- Income Q4
- Income Q5

Source: Washbrook and Waldfogel¹⁰⁶

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

Reduce poverty, breastfeeding, support healthy eating.

National economic policy, Midwives and health visitors, childcare facilities, parents, health promotion specialists.

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

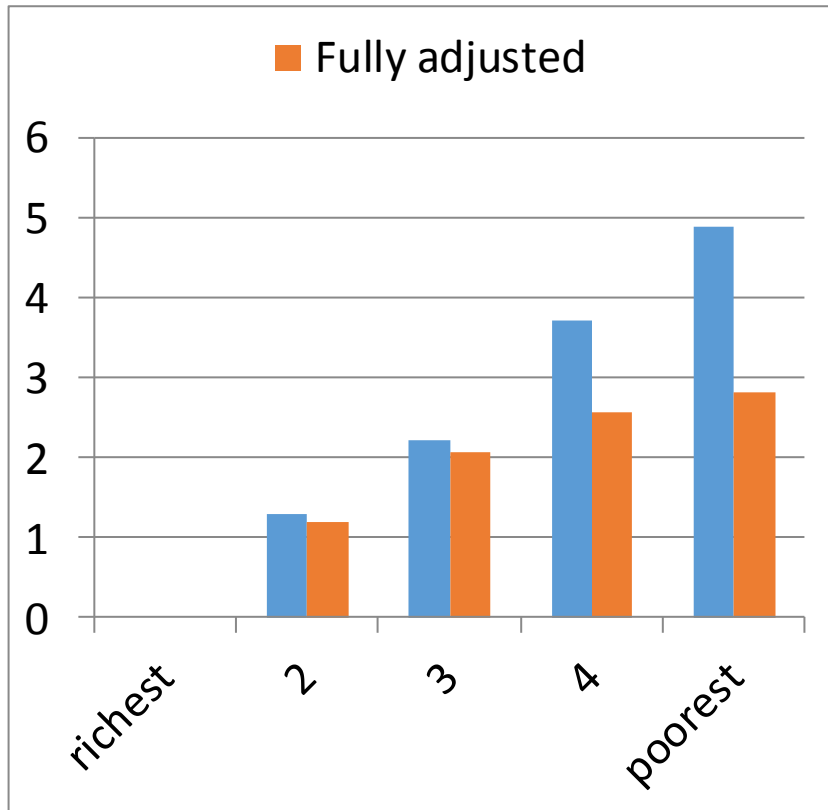
Good quality home learning environment, stimulation/ good quality childcare – parents/speech and language therapists/ childcare sector/health visitors/GPs

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

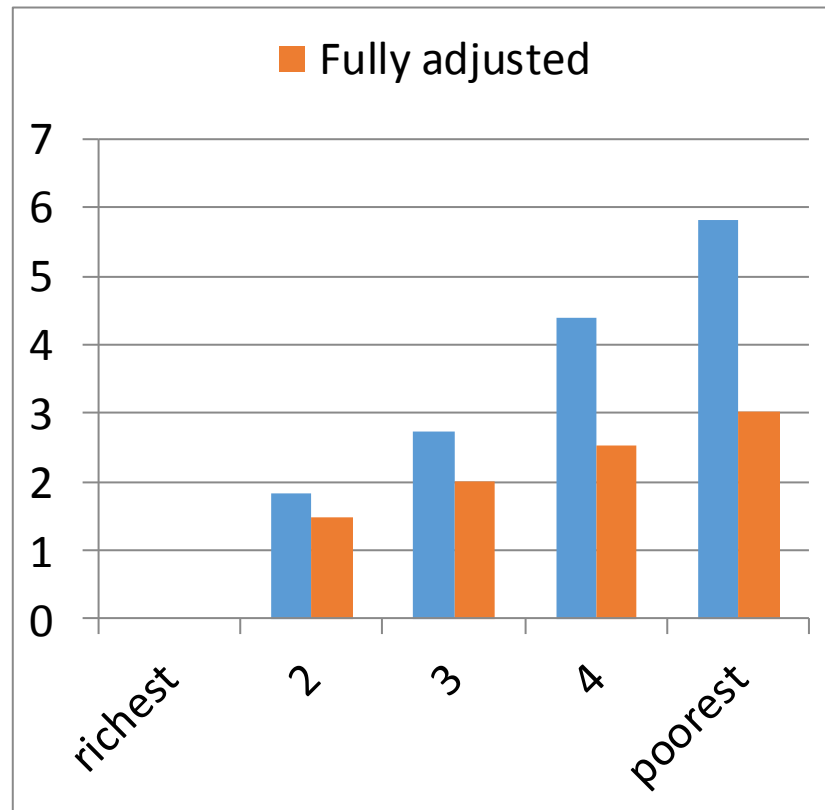
Parents and parenting

Socio-emotional difficulties at age 3 and 5: Millennium Cohort Study

Age 3



Age 5



Fully adjusted, additionally adjusts for:
STIMULATION

- someone reads stories to the child;
- someone teaches the child songs, the alphabet, counting;
- the child does painting activities at home;
- child is taken to the library;
- a parent has basic skills difficulties;
- HOME inventory score;

ROUTINE AND BOUNDARIES

- the child has regular meal and bed times, discipline scale;
- family rules and enforcement of rules

PARENTING WARMTH/COMPETENCE

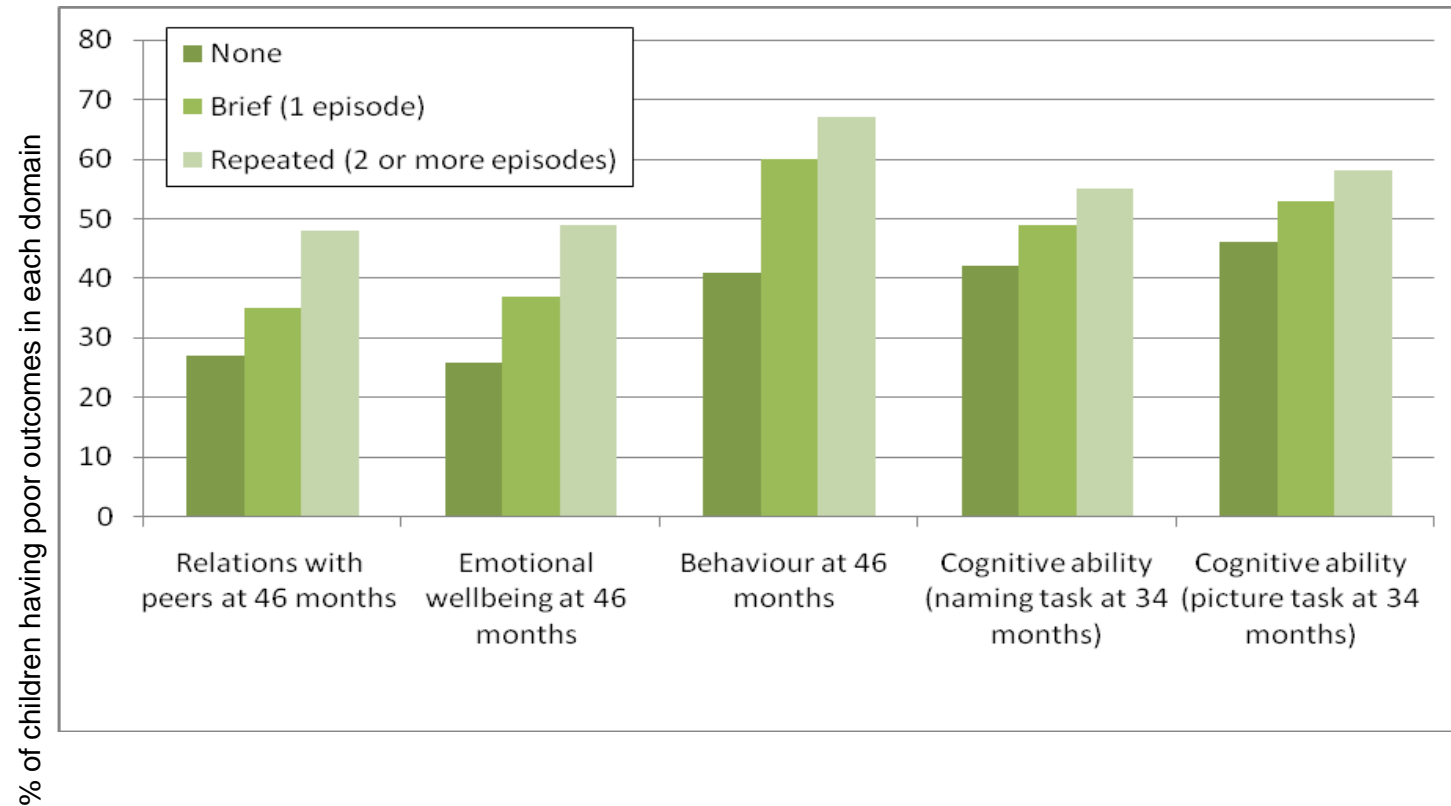
- child-parent relationship (Pianta) scale;
- Mother's K6 score;
- Mother's parenting competence;

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

Parenting context

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



Increase in the number of parents with good mental health

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

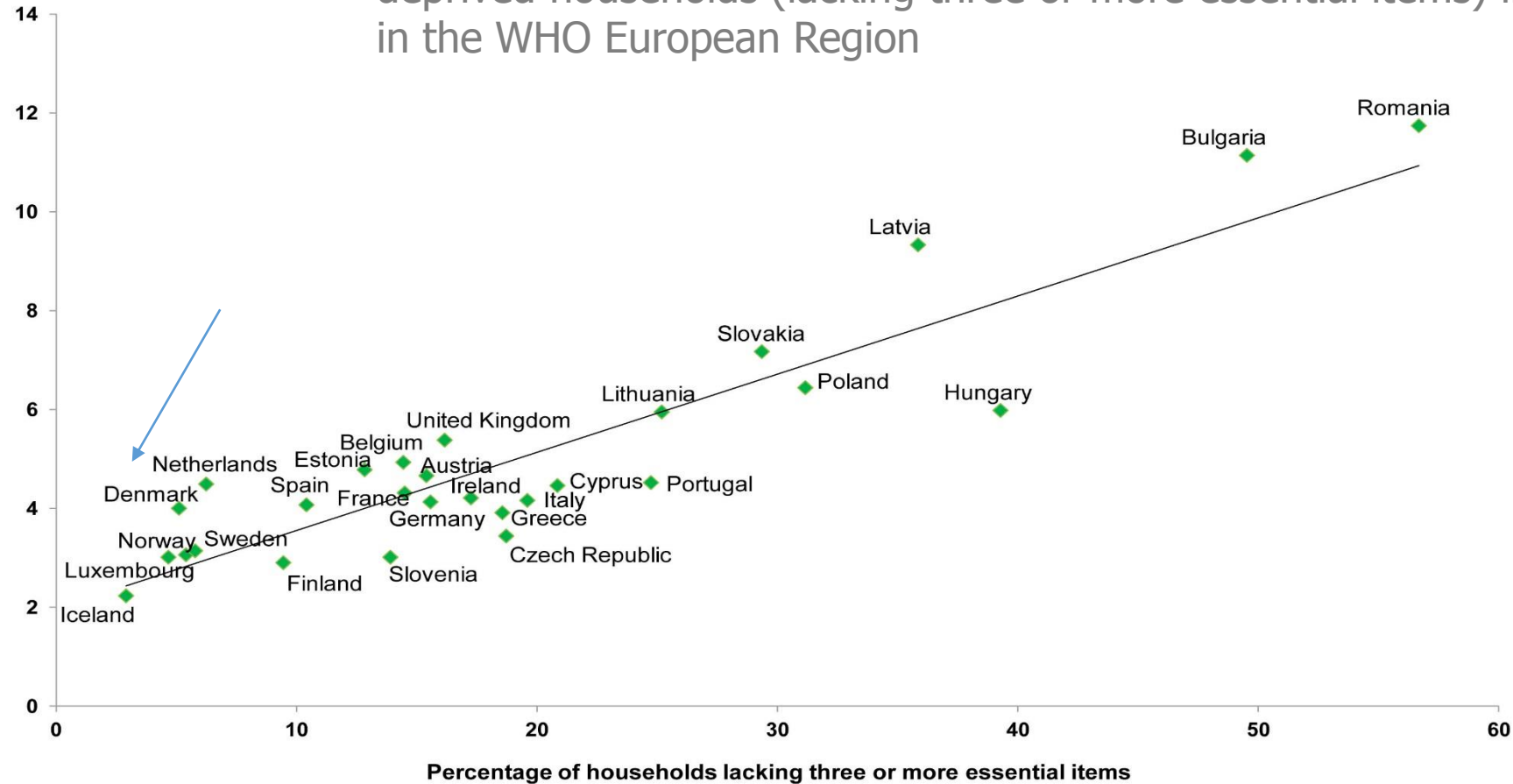
Minimum income for healthy living

Improving educational attainment and lifelong learning and reducing gaps.

Step 3. Encourage and motivate

We need to abolish material deprivation, more generous social welfare systems save children's lives.

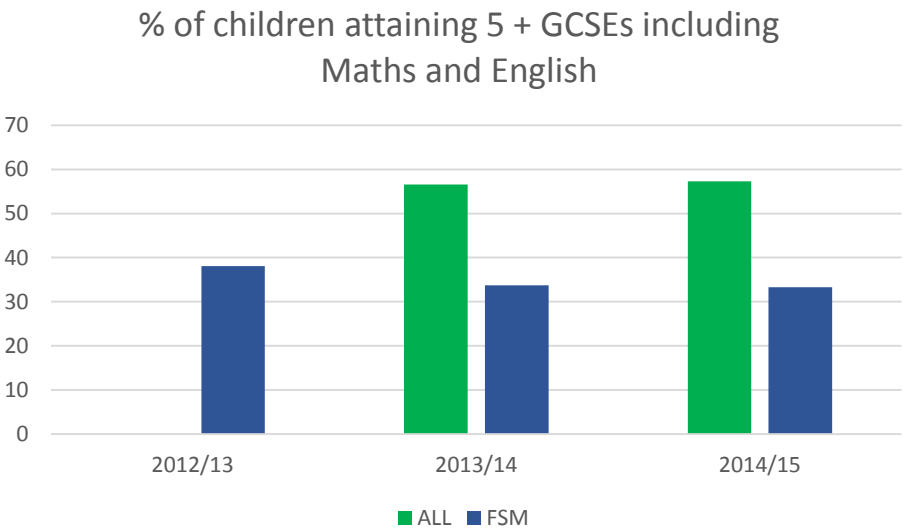
Mortality rate of children younger than five years old per 1000 live births



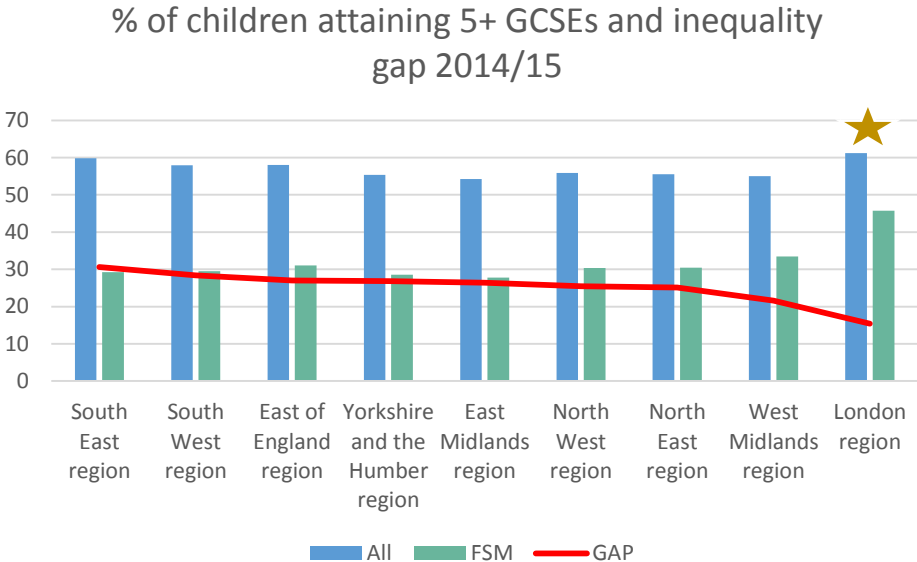
Jonathan Bradshaw and Emese Mayhew, University of York, personal communication, 2010: data from *The state of the world's children 2007 (7)* and Eurostat databases [online databases]

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

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



Of concern



And room for improvement



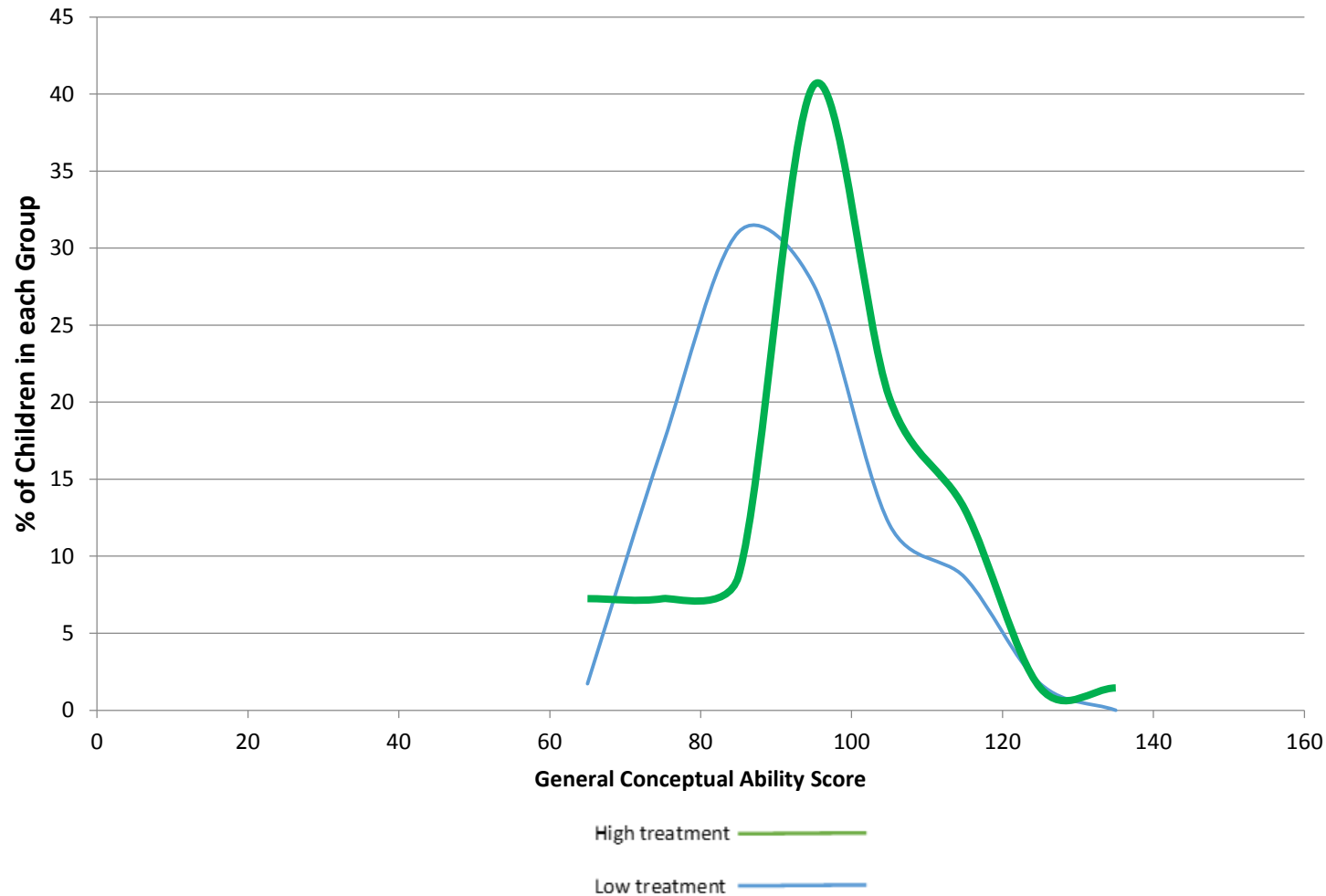
Reducing education attainment gaps. Tower Hamlets Story

- Tower Hamlets - in 1997 they were rated the UK's worst schools
- Now - some of the best urban schools in the world –.
- Inequalities in educational attainment in Tower Hamlets, are now among lowest in the country - 4.6 percentage points between those eligible for FSMs and all. In Rutland, the attainment gap of 46.7 percentage points.

- **Invest in professional development for head teachers**
- **The best heads have a consistent focus on specific goals**
- **Data is shared and acted upon**
- **Have a spirit of friendly competition between schools**
- **Recruit and retain the best staff**
- **School staff should reflect the student population**
- **Maintain good relationships with local faith groups**
- **Embed schools in community life**

IQ may be heritable but we can improve IQ and ability – it is not all genetically determined

Distribution of BAS GCA Cognitive Scores



Raised GCA, proxy for IQ, by 0.77 SDs (and some evidence reduced effect of intergenerational transmission of IQ)

Reduced incidence of externalizing & internalizing problems
Increased prosocial behaviour

Effects larger than other US-based HVPs, but may be subject to fade-out (e.g. Heckman et al. 2010)

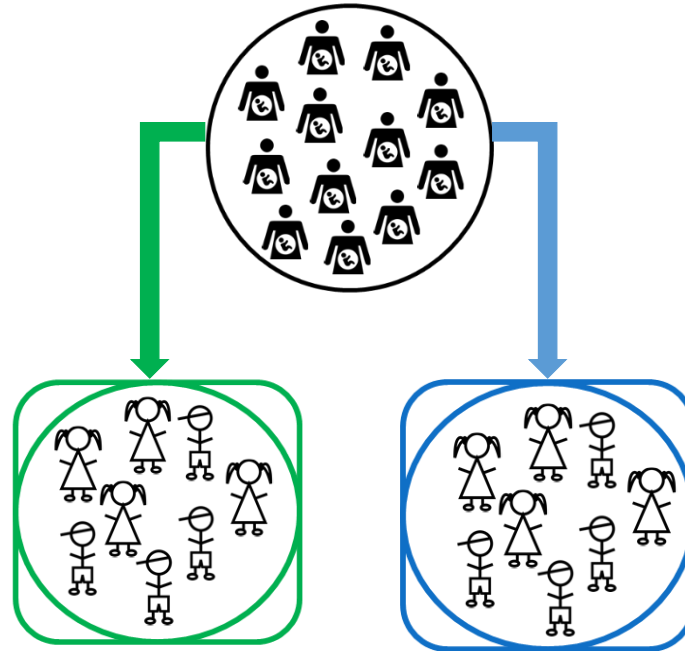
Intervention helped reduce socio-economic gap in skills

Robust

Preparing for Life Program Ireland

PFL Participants
233

Random
Assignment



HIGH TREATMENT
N = 115

LOW TREATMENT
N = 118

1. €100 worth of child developmental materials annually & book packs
2. Facilitated access to enhanced preschool
3. Public health workshops
4. Facilitated access to local services
5. Access to local PFL events
6. Home visiting program
7. Baby Massage
8. Triple P Positive Parenting Program

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Dr. Orla Doyle (University College Dublin)

Ways forward

- Identify leaders to push forward SDH strategy with evidence based arguments.
- Set up and push for Health Impact Assessments
- Monitor SDH and hold Government to account
- Where central Government is resistant work at local level
- More evaluation needed of programmes and effective local strategies
- Share lessons learned
- IHE website has some useful resources – parenting, ACEs, resilience, home to school transition, case studies - add to them!

Thank you
a.donkin@ucl.ac.uk

<http://www.instituteofhealthequity.org/>