LEAVE NO ONE BEHIND

Actions on the Determinants of Health to Advance Health Equity

Diarmuid O'Donovan

7 July 2023

“an area for study, research, and practice

that places a priority on improving health

and achieving health equity for all people

worldwide”

Equality

Equality

Equity

Equality

Equity

Justice

It's time

to build a fairer, healthier world for everyone, everywhere.

World Health Day 2021

Health equity and its determinants

World Health Organization

What is health equity?

Health equity is the absence of unfair, avoidable and remediable differences in health status among groups of people.

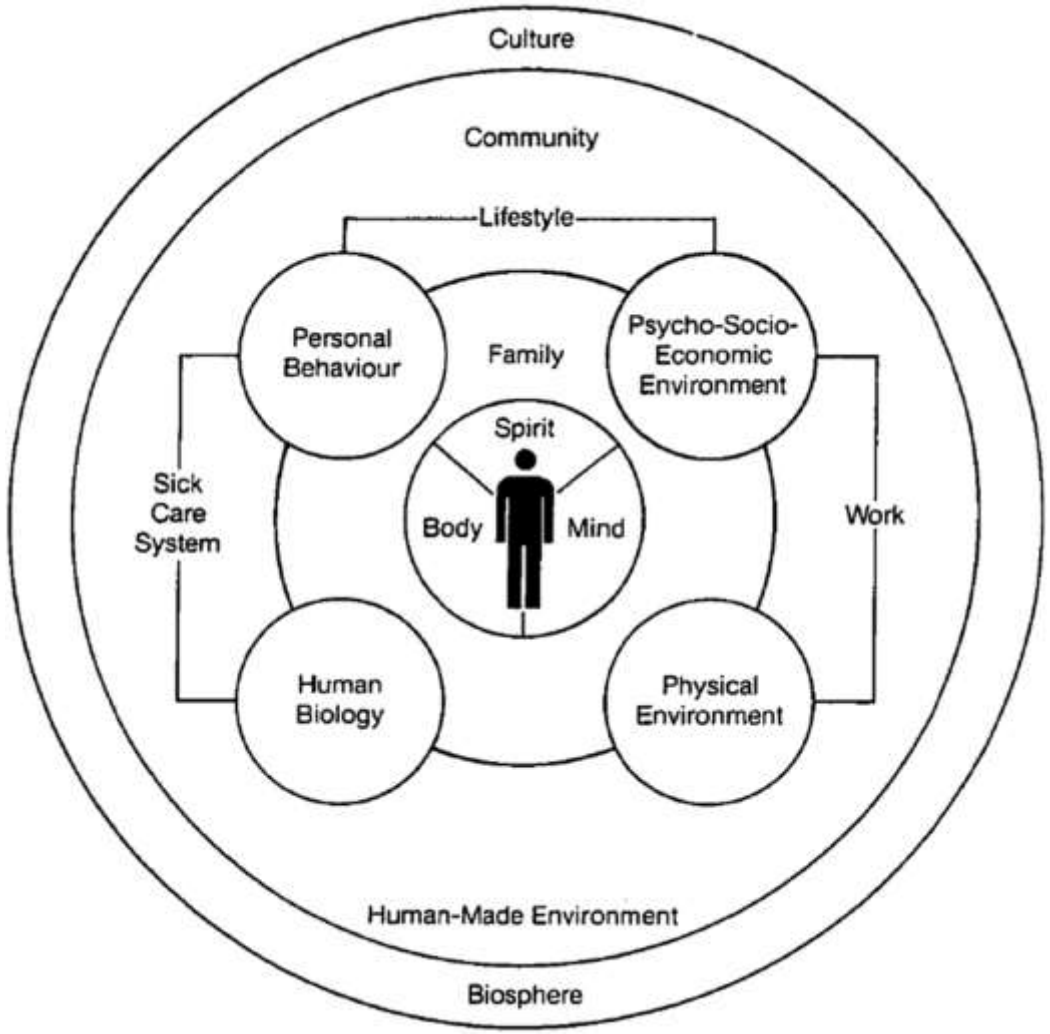
Health equity is achieved when everyone can attain their full potential for health and well-being.

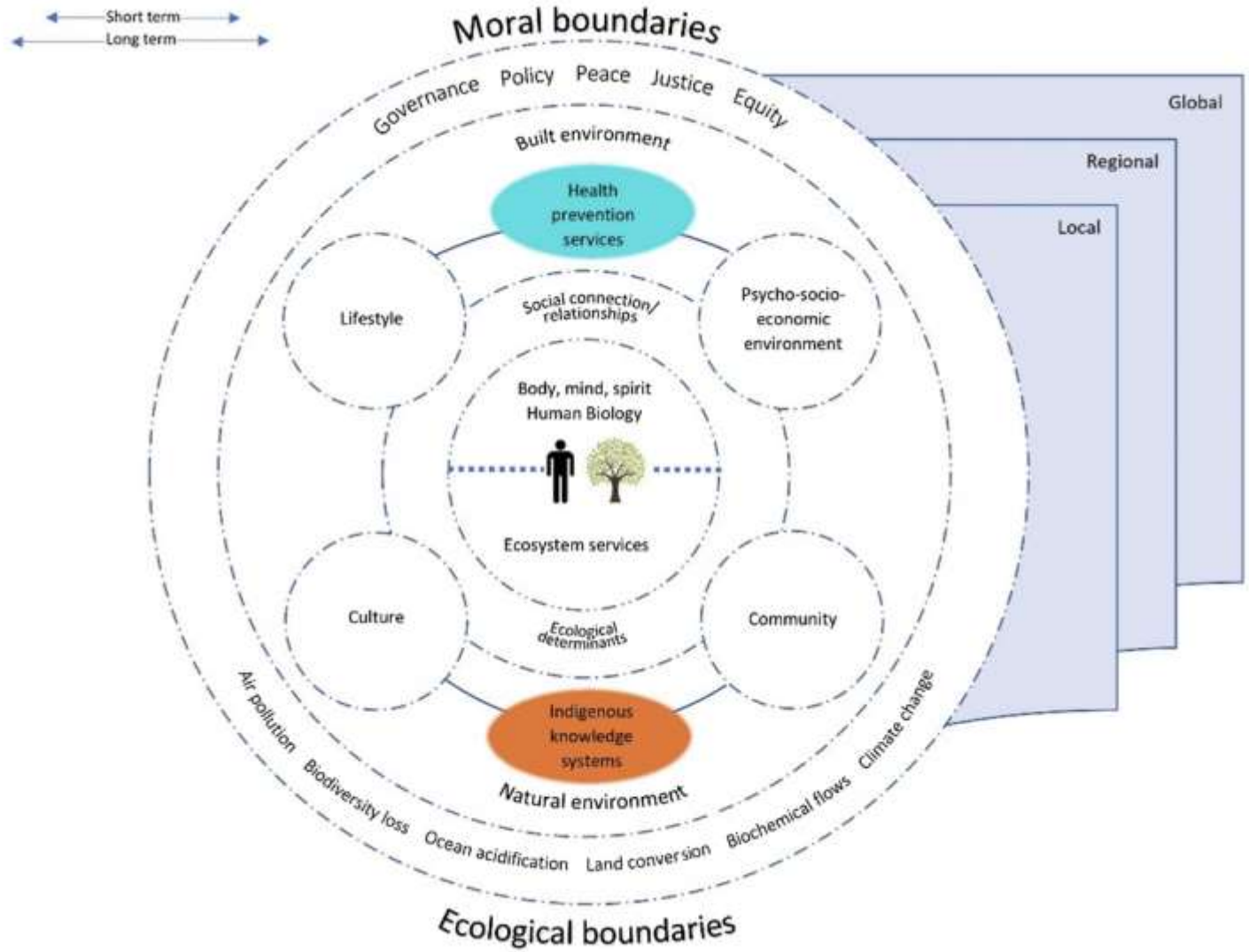
Human Development Index and its components

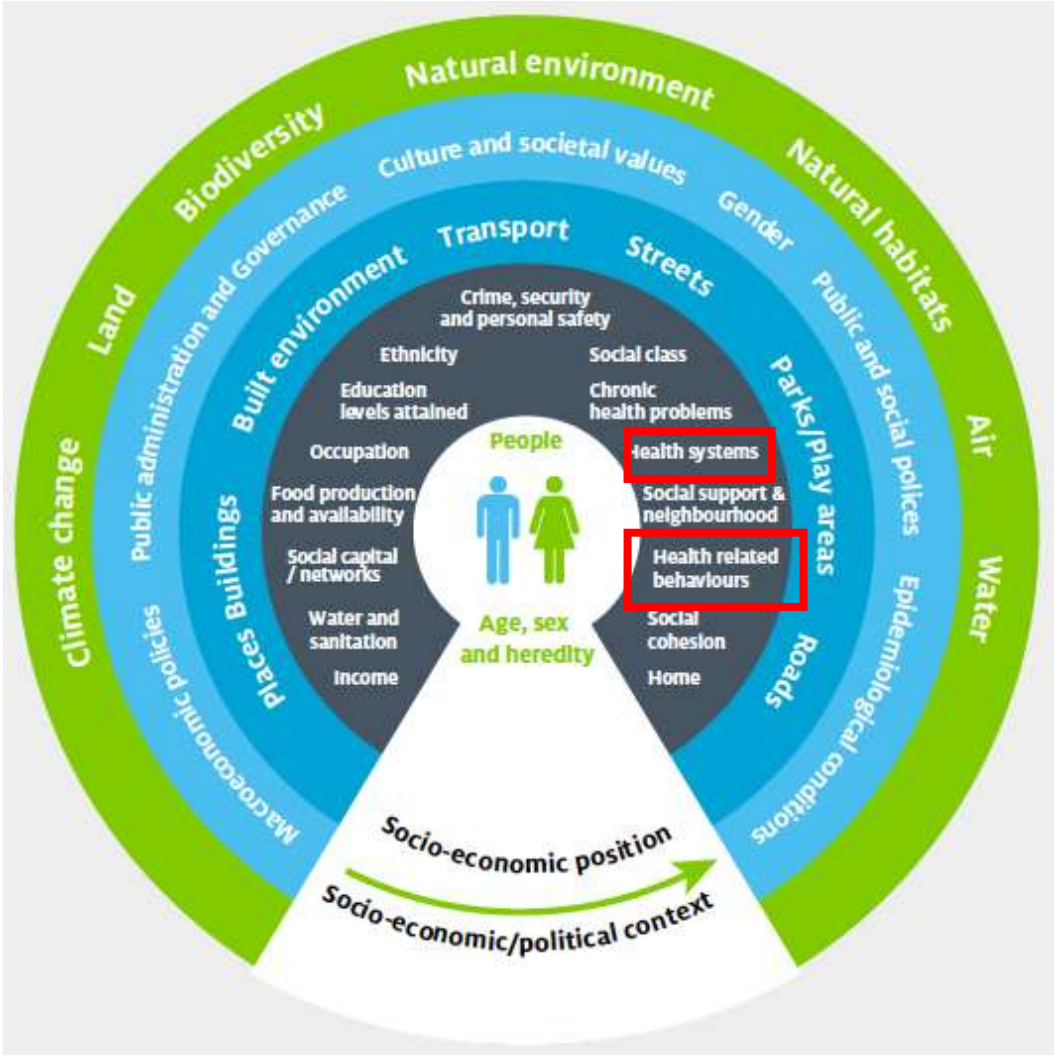
HDI RANK		Human Development Index (HDI) Value 2021	SDG 3 Life expectancy at birth (years) 2021	SDG 4.3 Expected years of schooling (years) 2021[a]	SDG 4.4 Mean years of schooling (years) 2021[a]	SDG 8.5 Gross national income (GNI) per capita (2017 PPP $) 2021	GNI per capita rank minus HDI rank 2021[b]	HDI rank 2020
186	Mali	0.428	58.9	7.4[e]	2.3	2,133	-11	186
187	Burundi	0.426	61.7	10.7[e]	3.1[e]	732	4	187
188	Central African Republic	0.404	53.9	8.0[e]	4.3	966	1	188
189	Niger	0.400	61.6	7.0[e]	2.1[n]	1,240	-3	189
190	Chad	0.394	52.5	8.0[e]	2.6[u]	1,364	-7	190
191	South Sudan	0.385	55.0	5.5[e]	5.7	768[aa]	-1	191
Other countries or territories								
	Korea (Democratic People's Rep. of)	..	73.3	10.8[p]	..	..	..	..
	Monaco	..	85.9	..	..	..	..	..
	Nauru	..	63.6	11.7[e]	..	17,730	..	..
	Somalia	..	55.3	..	..	1,018	..	..
Human development groups								
	Very high human development	0.896	78.5	16.5	12.3	43,752	–	–
	High human development	0.734	74.7	14.2	8.3	15,167	–	–
	Medium human development	0.636	67.4	11.9	6.9	6,353	–	–
	Low human development	0.518	61.3	9.5	4.9	3,009	–	–
	Developing countries	0.685	69.9	12.3	7.5	10,704	–	–
Regions								
	Arab States	0.708	70.9	12.4	8.0	13,501	–	–
	East Asia and the Pacific	0.749	75.6	13.8	7.8	15,580	–	–
	Europe and Central Asia	0.796	72.9	15.4	10.6	19,352	–	–
	Latin America and the Caribbean	0.754	72.1	14.8	9.0	14,521	–	–
	South Asia	0.632	67.9	11.6	6.7	6,481	–	–
	Sub-Saharan Africa	0.547	60.1	10.3	6.0	3,699	–	–
	Least developed countries	0.540	64.2	10.2	5.2	2,881	–	–
	Small island developing states	0.730	70.3	12.4	9.1	16,782	–	–
	Organisation for Economic Co-operation and Development	0.899	79.0	16.5	12.3	45,087	–	–
	World	**0.732**	**71.4**	**12.8**	**8.6**	**16,752**	**–**	**–**

Why treat people…

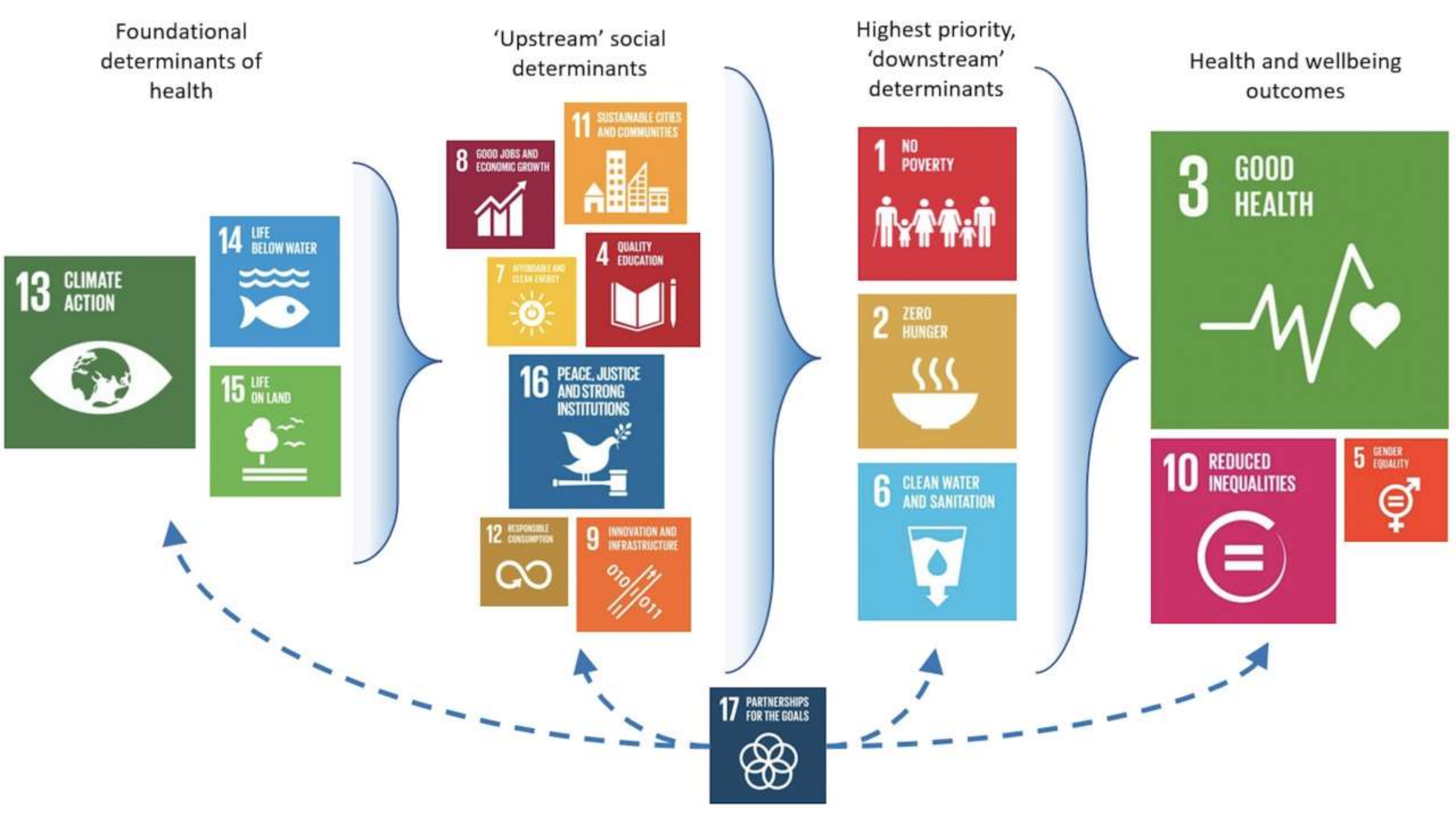
then send them back to the conditions that made them sick?


Culture
Community
Lifestyle
Personal Behaviour
Family
Psycho-Socio-Economic Environment
Spirit
Body
Mind
Sick Care System
Work
Human Biology
Physical Environment
Human-Made Environment
Biosphere


Short term
Long term
Moral boundaries
Governance
Policy
Peace
Justice
Equity
Global
Regional
Local
Built environment
Health prevention services
Lifestyle
Social connection/ relationships
Psycho-socio-economic environment
Body, mind, spirit
Human Biology
Ecosystem services
Culture
Ecological determinants
Community
Indigenous knowledge systems
Natural environment
Air pollution
Biodiversity loss
Ocean acidification
Land conversion
Biochemical flows
Climate change
Ecological boundaries


Natural environment
Biodiversity
Natural habitats
Land
Air
Water
Climate change
Culture and societal values
Gender
Public and social polices
Public administration and Governance
Transport
Streets
Built environment
Parks/play areas
Places Buildings
Roads
Macroeconomic policies
Epidemiological conditions
Crime, security and personal safety
Ethnicity
Social class
Education levels attained
Chronic health problems
Occupation
People
Health systems
Food production and availability
Social support & neighbourhood
Social capital / networks
Health related behaviours
Water and sanitation
Age, sex and heredity
Social cohesion
Income
Home
Socio-economic position
Socio-economic/political context


Global Context
Culture
ECOSYSTEM
Prevention
ANIMAL
ONE
HEALTH
Detection
Response
HUMAN
Social Determinants of Health
Economics


Foundational determinants of health
'Upstream' social determinants
Highest priority, 'downstream' determinants
Health and wellbeing outcomes
13 CLIMATE ACTION
14 LIFE BELOW WATER
15 LIFE ON LAND
8 GOOD JOBS AND ECONOMIC GROWTH
11 SUSTAINABLE CITIES AND COMMUNITIES
7 AFFORDABLE AND CLEAN ENERGY
4 QUALITY EDUCATION
16 PEACE, JUSTICE AND STRONG INSTITUTIONS
12 RESPONSIBLE CONSUMPTION
9 INNOVATION AND INFRASTRUCTURE
1 NO POVERTY
2 ZERO HUNGER
6 CLEAN WATER AND SANITATION
3 GOOD HEALTH
10 REDUCED INEQUALITIES
5 GENDER EQUALITY
17 PARTNERSHIPS FOR THE GOALS

RTÉ NEWS SPORT ENTERTAINMENT BUSINESS LIFESTYLE CULTURE PLAYER TV RADIO

NEWS ▸ BUSINESS ▸ Agribusiness Focus on Inflation Business of Climate Work Brexit Watch and Listen Analysis

Record level of employment in first quarter of 2023 - CSO

Updated / Wednesday, 24 May 2023 15:16

The number of people in employment rose by 4.1% to 2,609,500 in the year to the end of the first quarter 2023 - a new record

RTÉ NEWS SPORT ENTERTAINMENT BUSINESS LIFESTYLE CULTURE PLAYER TV RADIO

NEWS ▸ IRELAND ▸ World Business Sport Nuacht Programmes RTÉ Investigates

Record 12,441 people in emergency accommodation

Updated / Friday, 30 Jun 2023 18:53

The Minister for Housing Darrah O'Brien said the increases "speak to the challenge we have in this space" (pic: RollingNews.ie)

13.1%

of people
were at risk of poverty in 2022

compared with 11.6% in 2021

Source: CSO Ireland, Survey on Income and Living Conditions (SILC) 2022

17.7%

of people
were experiencing enforced deprivation in 2022

compared with 13.8% in 2021

Source: CSO Ireland, Survey on Income and Living Conditions (SILC) 2022

5.3%

of people
were living in consistent poverty in 2022

compared with 4.0% in 2021

Source: CSO Ireland, Survey on Income and Living Conditions (SILC) 2022

An Phríomh-Oifig Staidrimh
Central Statistics Office

SILC Module on Child Deprivation 2021

12% of single parent households*

1% of two parent households*

were unable to afford two pairs of properly fitting shoes for their children

10% of single parent households*

2% of two parent households*

were unable to afford school trips or school events (that cost money) for their children

21% of households* where nobody worked

5% of households* where one person worked

1% of households* where two people worked

were unable to afford regular leisure activities for their children

(e.g. swimming, playing an instrument, youth organisations, etc.)

39% of rented households*

8% of owner occupied households*

were unable to afford a one-week holiday away from home for their children

*Households with at least one child under 16

- Perinatal mortality higher in unemployed mothers and African-born mothers
- Less advantaged socioeconomic groups had higher adult mortality rates
- Less advantaged socioeconomic groups accounted for higher proportions of COVID-19 deaths

WARNING: data limitations, changes needed

Mortality Differentials in Ireland 2016-2017

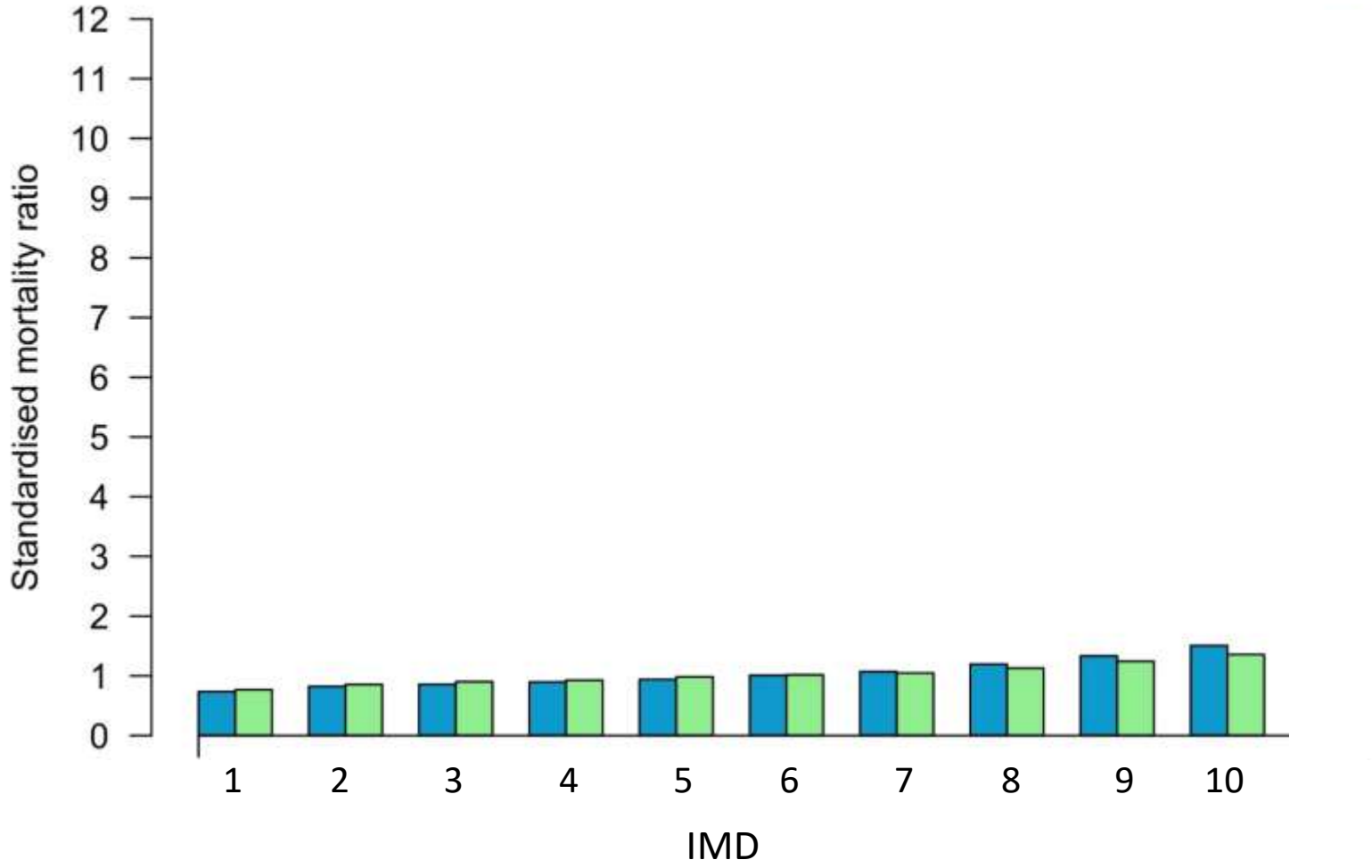
Research Paper

Mortality Differentials in Ireland 2016-2017

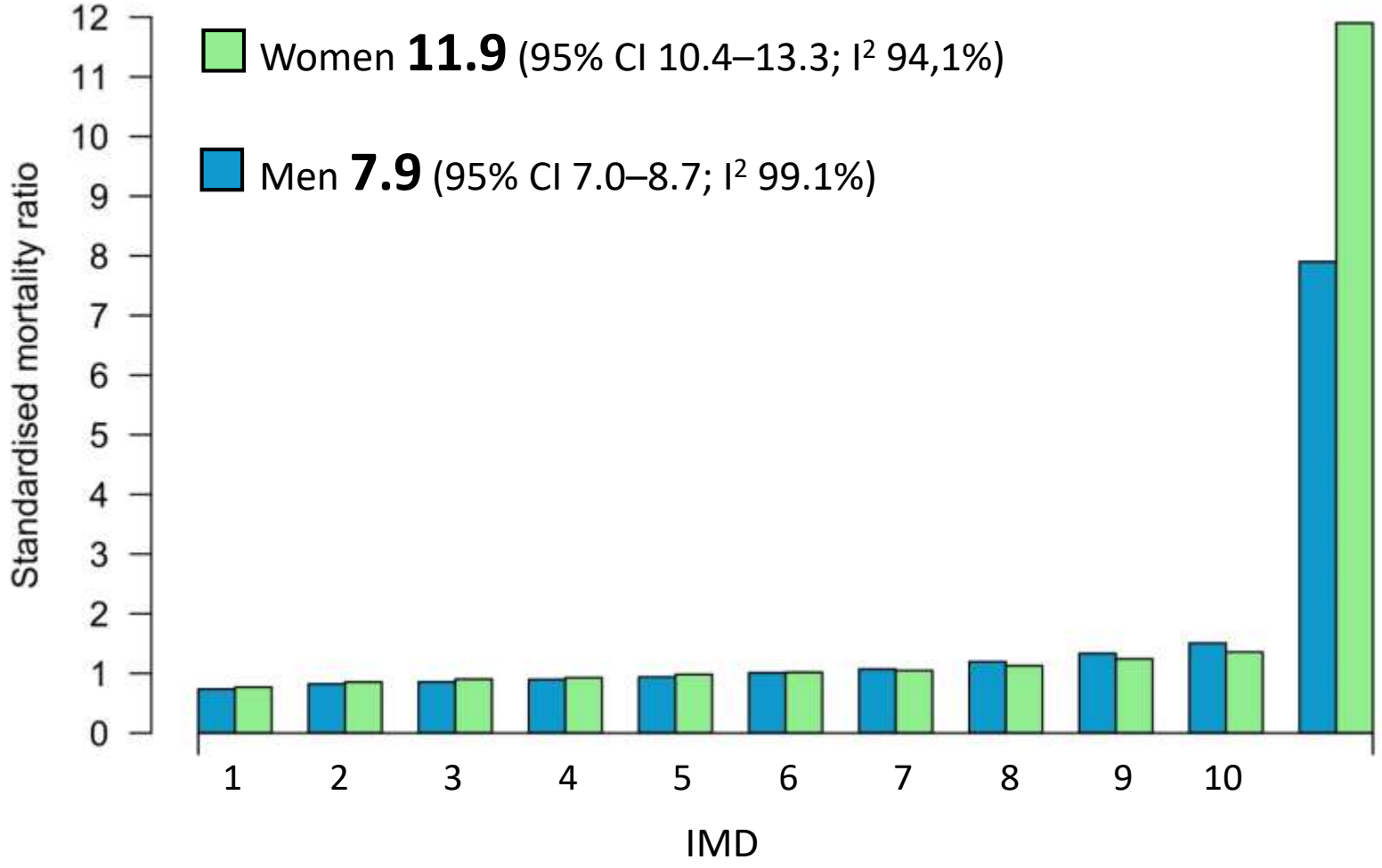
Analysis based on the census characteristics of persons that died in the twelve month period after Census Day 24 April 2016

Persons in most deprived areas have lowest life expectancy

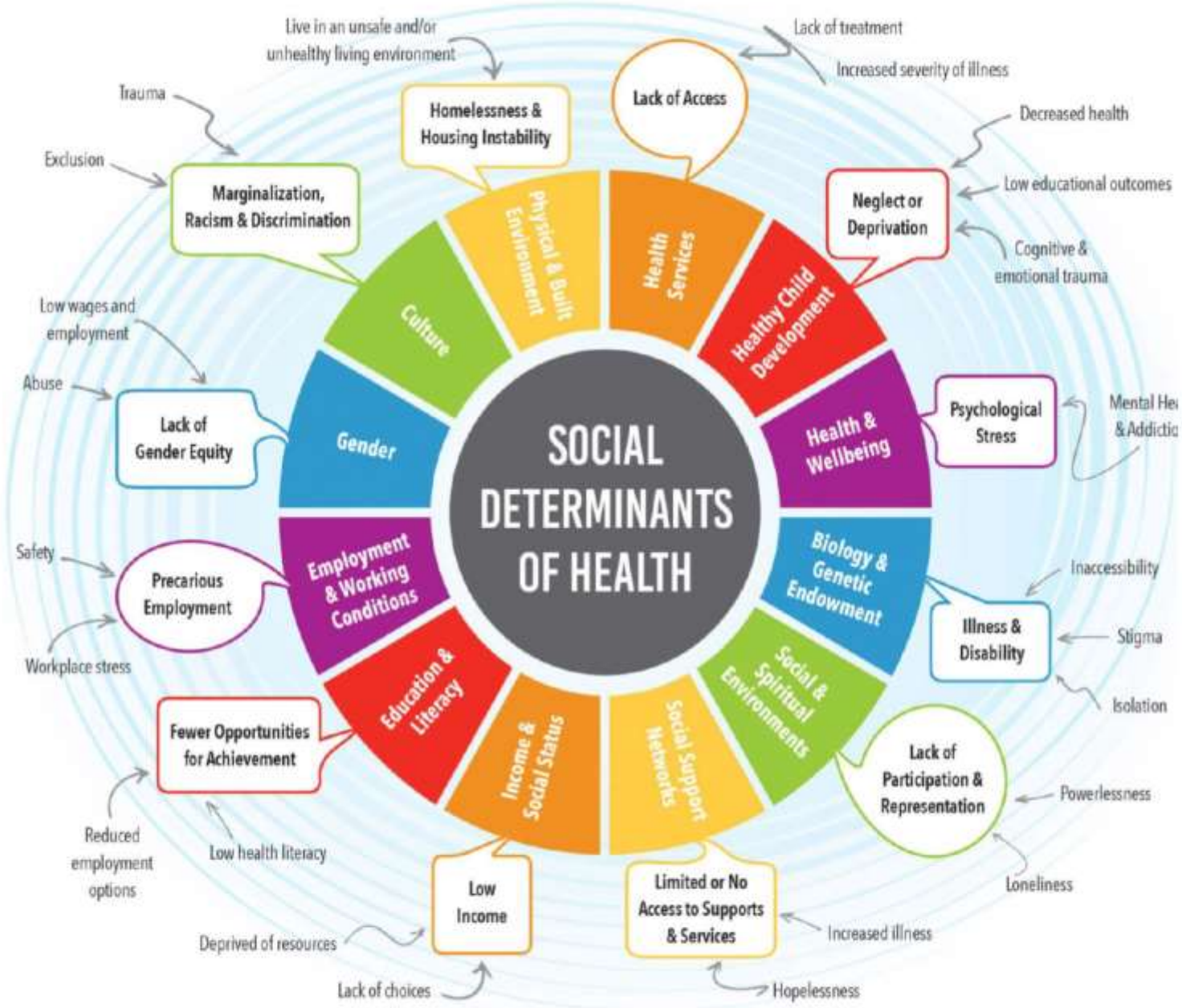
	Males	Females
All	**82.0**	**85.5**
First Quintile (least deprived)	84.4	87.7
Second Quintile	83.2	86.5
Third Quintile	82.2	85.7
Fourth Quintile	81.9	84.9
Fifth Quintile (most deprived)	79.4	83.2



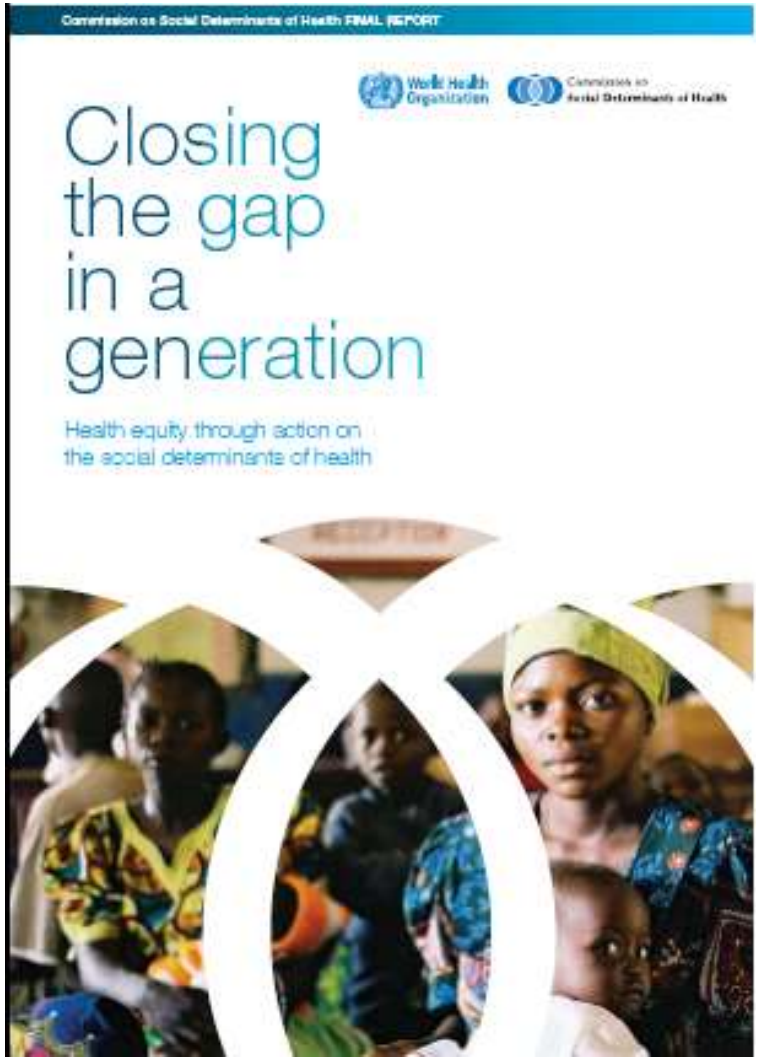
**Deaths by underlying cause, deprivation decile areas, 5 year age groups and sex, England and Wales, 1981 to 2015 Populations by deprivation decile areas, 5 year age groups and sex, England and Wales, 2001 to 2015*



**Deaths by underlying cause, deprivation decile areas, 5 year age groups and sex, England and Wales, 1981 to 2015 Populations by deprivation decile areas, 5 year age groups and sex, England and Wales, 2001 to 2015*


SOCIAL DETERMINANTS OF HEALTH
Homelessness & Housing Instability
Live in an unsafe and/or unhealthy living environment
Marginalization, Racism & Discrimination
Trauma
Exclusion
Lack of Gender Equity
Low wages and employment
Abuse
Precarious Employment
Safety
Workplace stress
Fewer Opportunities for Achievement
Reduced employment options
Low health literacy
Low Income
Deprived of resources
Lack of choices
Limited or No Access to Supports & Services
Increased illness
Hopelessness
Lack of Participation & Representation
Powerlessness
Loneliness
Illness & Disability
Inaccessibility
Stigma
Isolation
Psychological Stress
Mental He
& Addictio
Neglect or Deprivation
Decreased health
Low educational outcomes
Cognitive & emotional trauma
Lack of Access
Lack of treatment
Increased severity of illness
Physical & Built Environment
Culture
Gender
Employment & Working Conditions
Education & Literacy
Income & Social Status
Social Support Networks
Social & Spiritual Environments
Biology & Genetic Endowment
Health & Wellbeing
Healthy Child Development
Health Services

"Social injustice is killing people on a grand scale"



Improve daily living conditions

Tackle the inequitable distribution of power, money and resources

Measure and understand the problem and assess the impact of action

Health Equity Actions

"To reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage. We call this **proportionate universalism**."

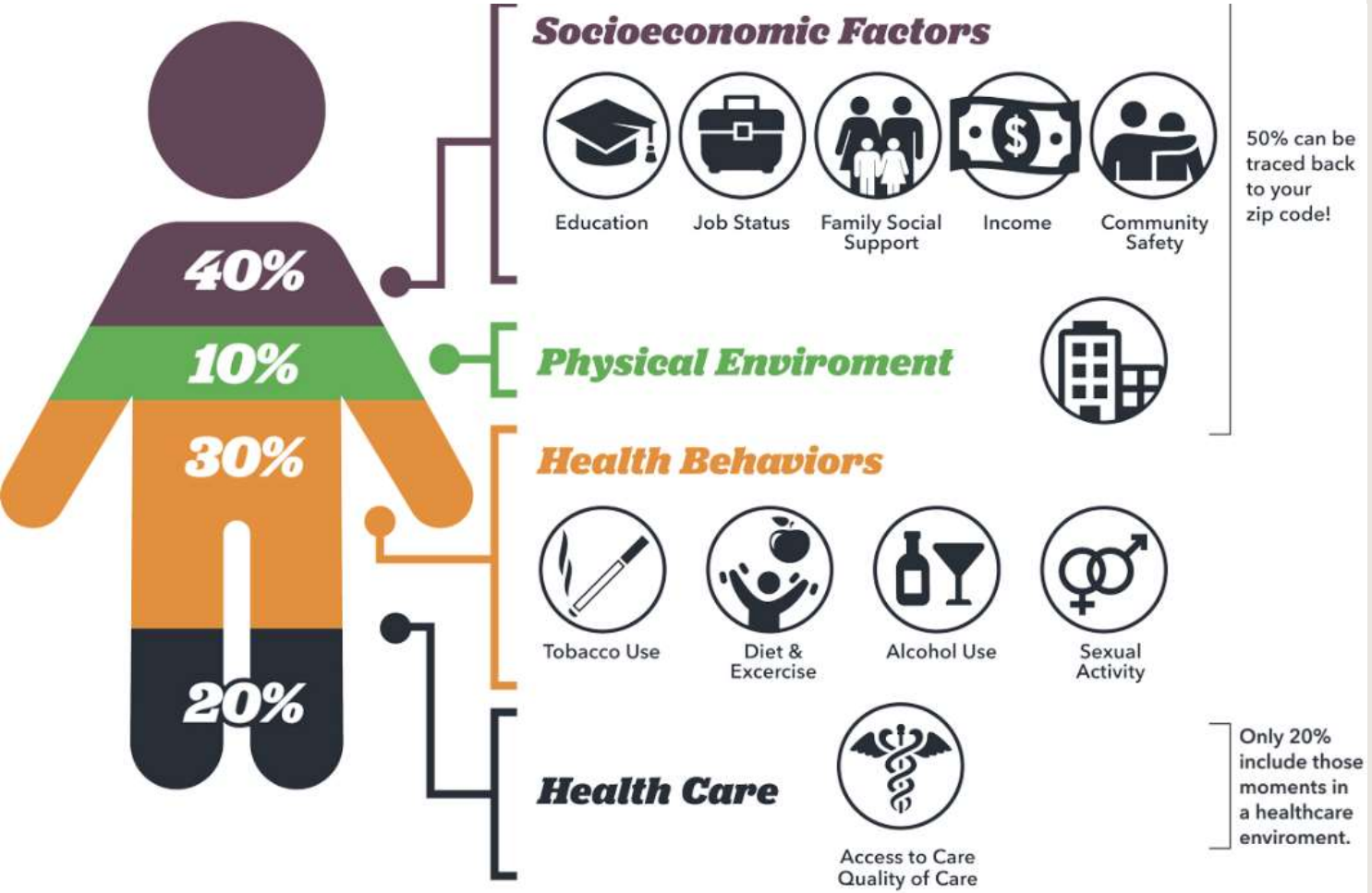
Marmot Review: 'Fair Society-Healthy Lives' 2010

Closing the gap in health inequalities requires outcomes for the most disadvantaged to improve faster than the most advantaged

- Improve average health
- Abolish avoidable inequalities
- "… aim should be to bring the health of the worst off up to the level of the best"

Marmot Principles

- Give every child the best start in life
- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of health prevention
- Tackle racism, discrimination and their outcomes
- Pursue environmental sustainability and health equity together

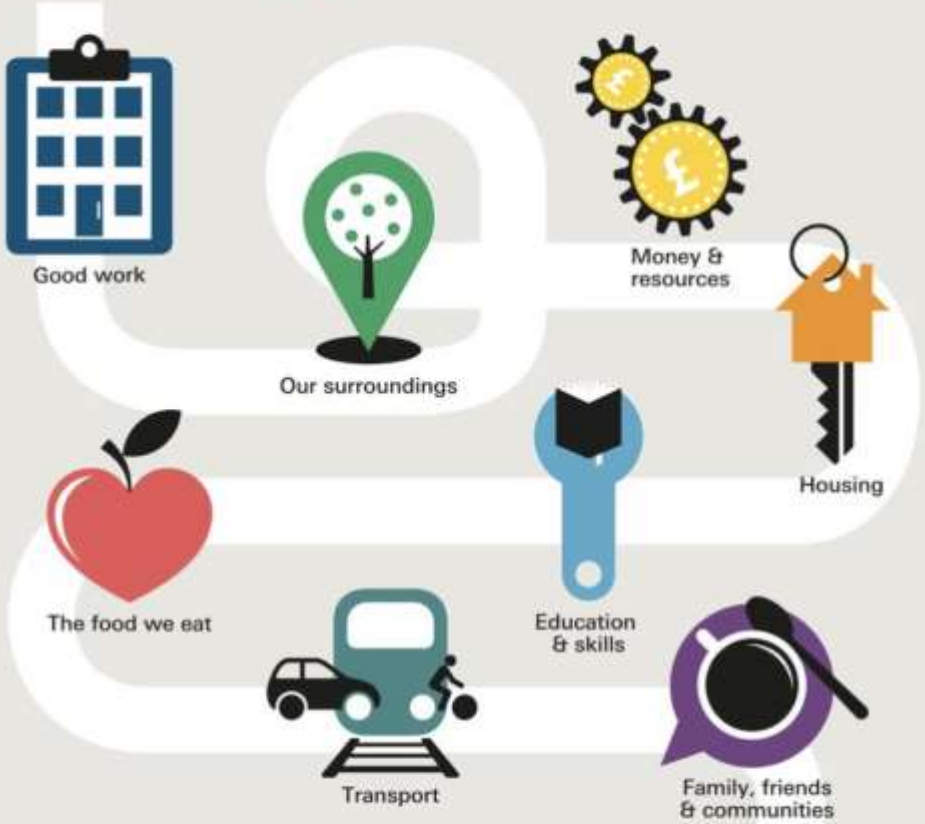


Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

What makes us healthy?

AS LITTLE AS **10%** of a population's health and wellbeing is linked to access to health care.

We need to look at the bigger picture:



But the picture isn't the same for everyone.

The healthy life expectancy gap between the most and least deprived areas in the UK is: **19** YEARS

The Health Foundation

References available at www.health.org.uk/healthy-lives-infographics

What can healthcare staff do?

DOI: 10.1111/hsc.13791

ORIGINAL ARTICLE

Health and Social Care in the community WILEY

Conceptualisation of health inequalities by local healthcare systems: A document analysis

Jasmine N. Olivera MPhil[1] | John Ford MBChb DTM&H MSc PhD MFPH FRSPH FHE[2] | Sarah Sowden PhD[3] | Clare Bambra PhD[3]

Contents lists available at ScienceDirect

Social Science & Medicine

journal homepage: www.elsevier.com/locate/socscimed

"The state They're in": Unpicking *fantasy paradigms* of health improvement interventions as tools for addressing health inequalities

Mhairi Mackenzie[a,*], Kathryn Skivington[b], Gillian Fergie[b]

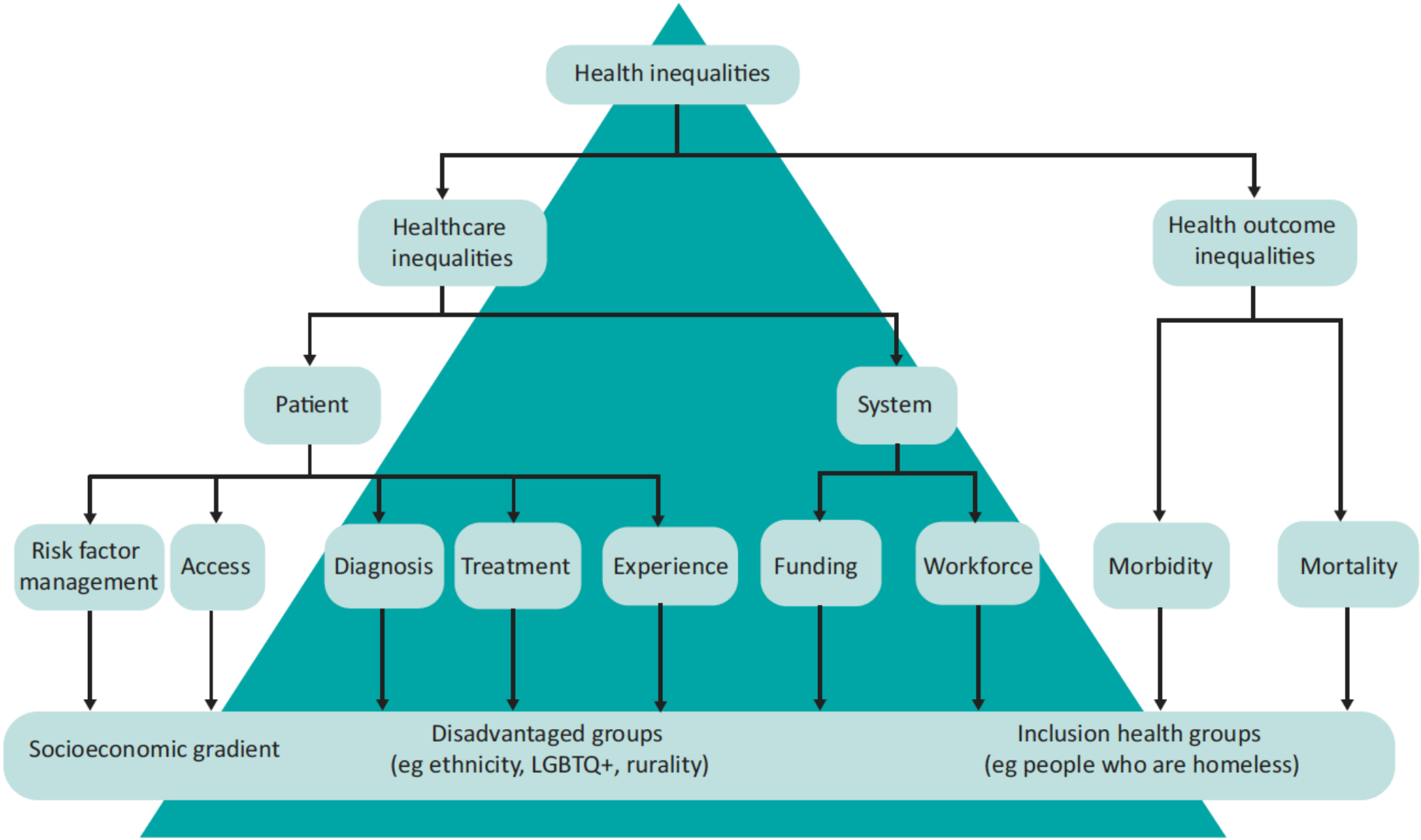
Available online at www.sciencedirect.com

Public Health

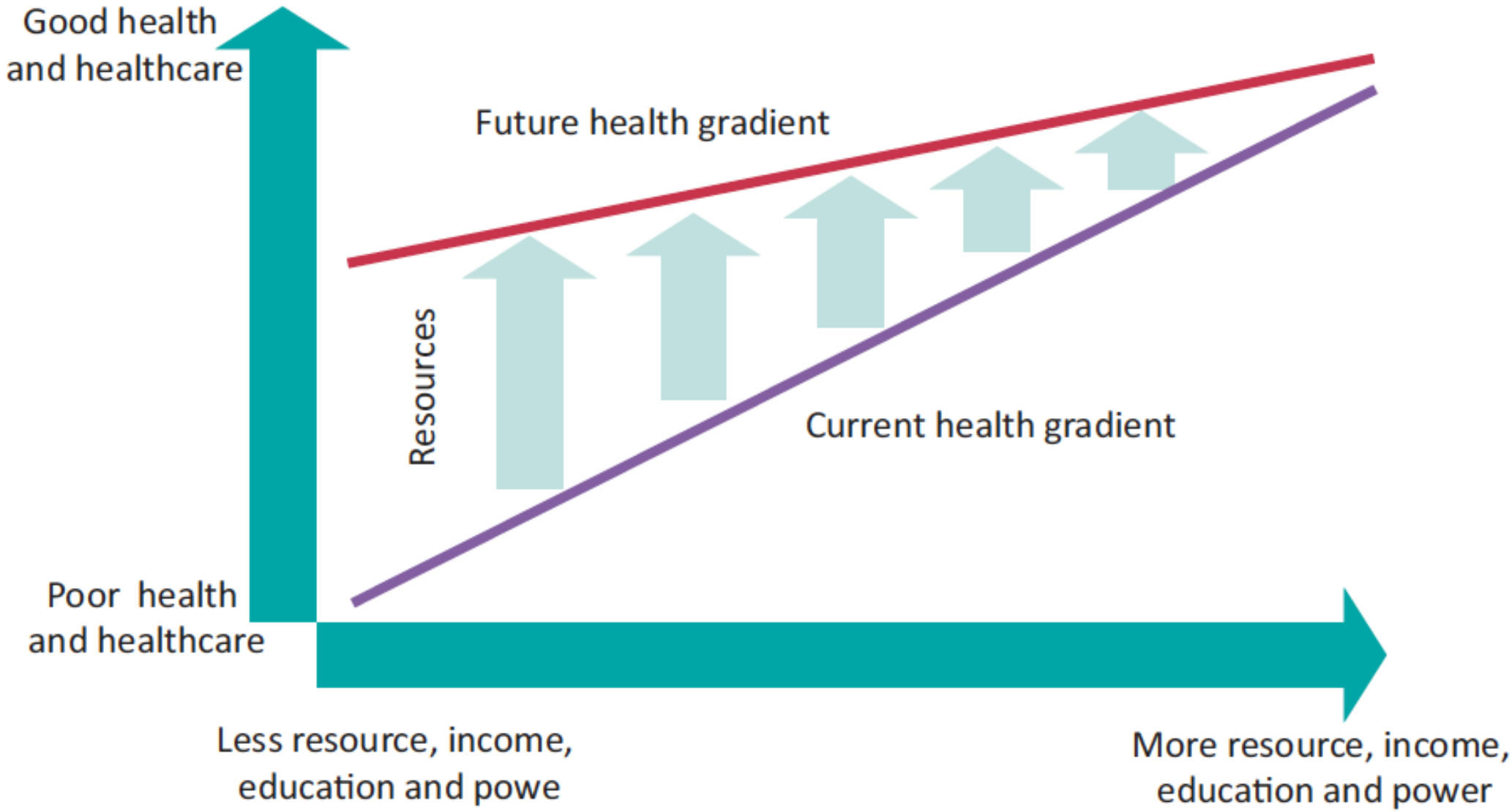
journal homepage: www.elsevier.com/puhe

Editorial

Health inequalities: the need for clarity in the confusion



Ford J et al. Transforming health systems to reduce health inequalities. *Future Healthcare J* 2021;8(2):e204-e209


Good health
and healthcare
Future health gradient
Resources
Current health gradient
Poor health
and healthcare
Less resource, income,
education and powe
More resource, income,
education and power

REDUCING HEALTHCARE INEQUALITIES

The **Core20PLUS5** approach is designed to support Integrated Care Systems to drive targeted action in healthcare inequalities improvement

CORE20
The most deprived **20%** of the national population as identified by the Index of Multiple Deprivation

Target population

CORE20 PLUS 5

PLUS
ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups

Key clinical areas of health inequalities

1. **MATERNITY**
ensuring continuity of care for women from Black, Asian and minority ethnic communities and from the most deprived groups

2. **SEVERE MENTAL ILLNESS (SMI)**
ensuring annual health checks for **60%** of those living with SMI (bringing SMI in line with the success seen in Learning Disabilities)

3. **CHRONIC RESPIRATORY DISEASE**
a clear focus on Chronic Obstructive Pulmonary Disease (COPD), driving up uptake of Covid, Flu and Pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations

4. **EARLY CANCER DIAGNOSIS**
75% of cases diagnosed at stage 1 or 2 by 2028

5. **HYPERTENSION CASE-FINDING**
and optimal management and lipid optimal management

SMOKING CESSATION
positively impacts all 5 key clinical areas

Scotland

Public Health Scotland

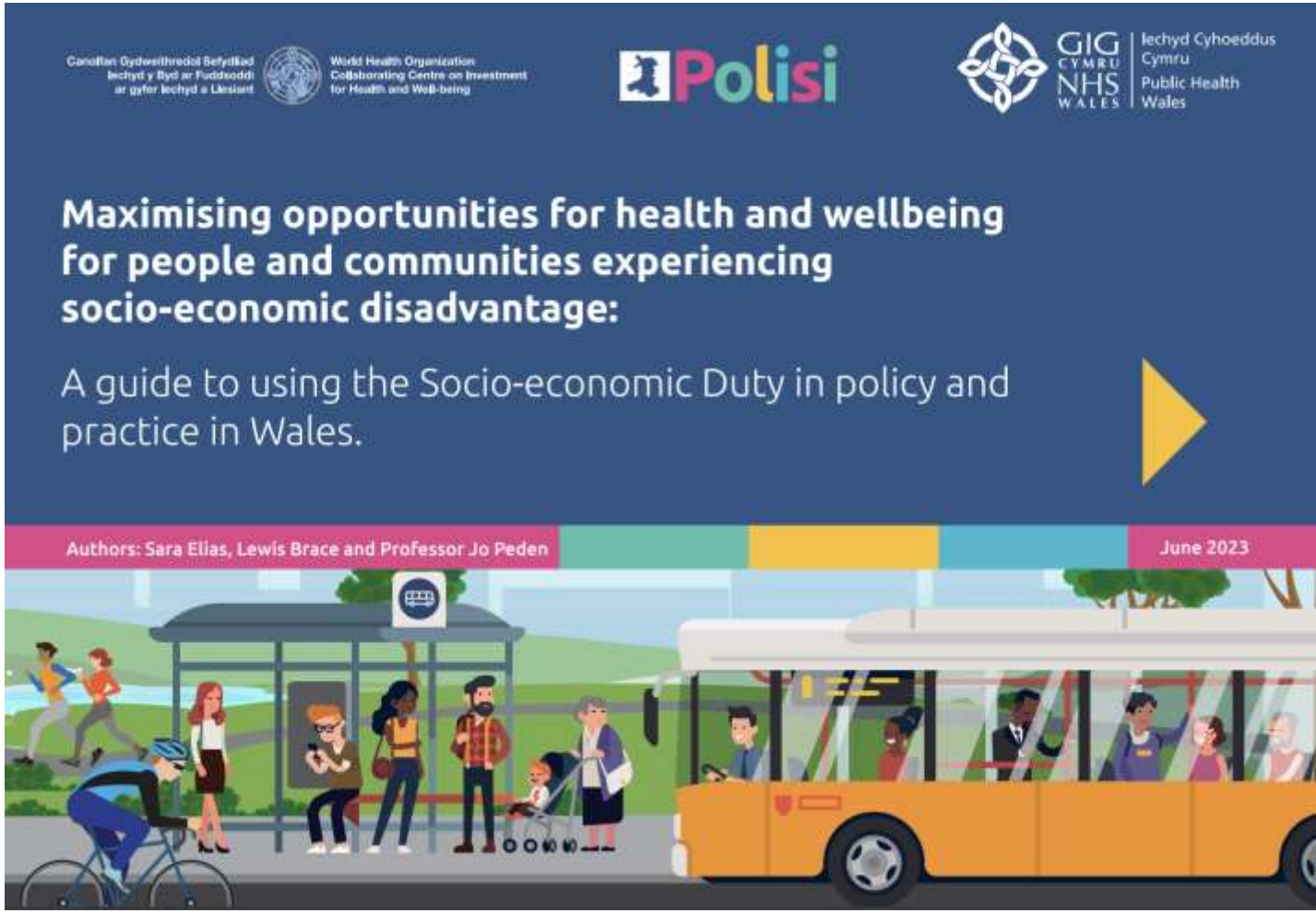
"A Scotland where everybody thrives"

- Objectives include *put reducing inequalities at the heart of all we do*

NHS Scotland

Wales


A Globally Responsible Wales
A Prosperous Wales
A Resilient Wales
A Healthier Wales
A More Equal Wales
A Wales of Cohesive Communities
A Wales of Vibrant Culture and Thriving Welsh Language


Canolfan Gydweithredol Sefydliad Iechyd y Byd ar Fuddsoddi ar gyfer Iechyd a Lles
World Health Organization Collaborating Centre on Investment for Health and Well-being
Polisi
GIG CYMRU NHS WALES
Iechyd Cyhoeddus Cymru
Public Health Wales
Maximising opportunities for health and wellbeing for people and communities experiencing socio-economic disadvantage:
A guide to using the Socio-economic Duty in policy and practice in Wales.
Authors: Sara Elias, Lewis Brace and Professor Jo Peden
June 2023

GIG CYMRU NHS WALES | Iechyd Cyhoeddus Cymru Public Health Wales

World Health Organization Collaborating Centre on Investment for Health and Well-being

Polisi

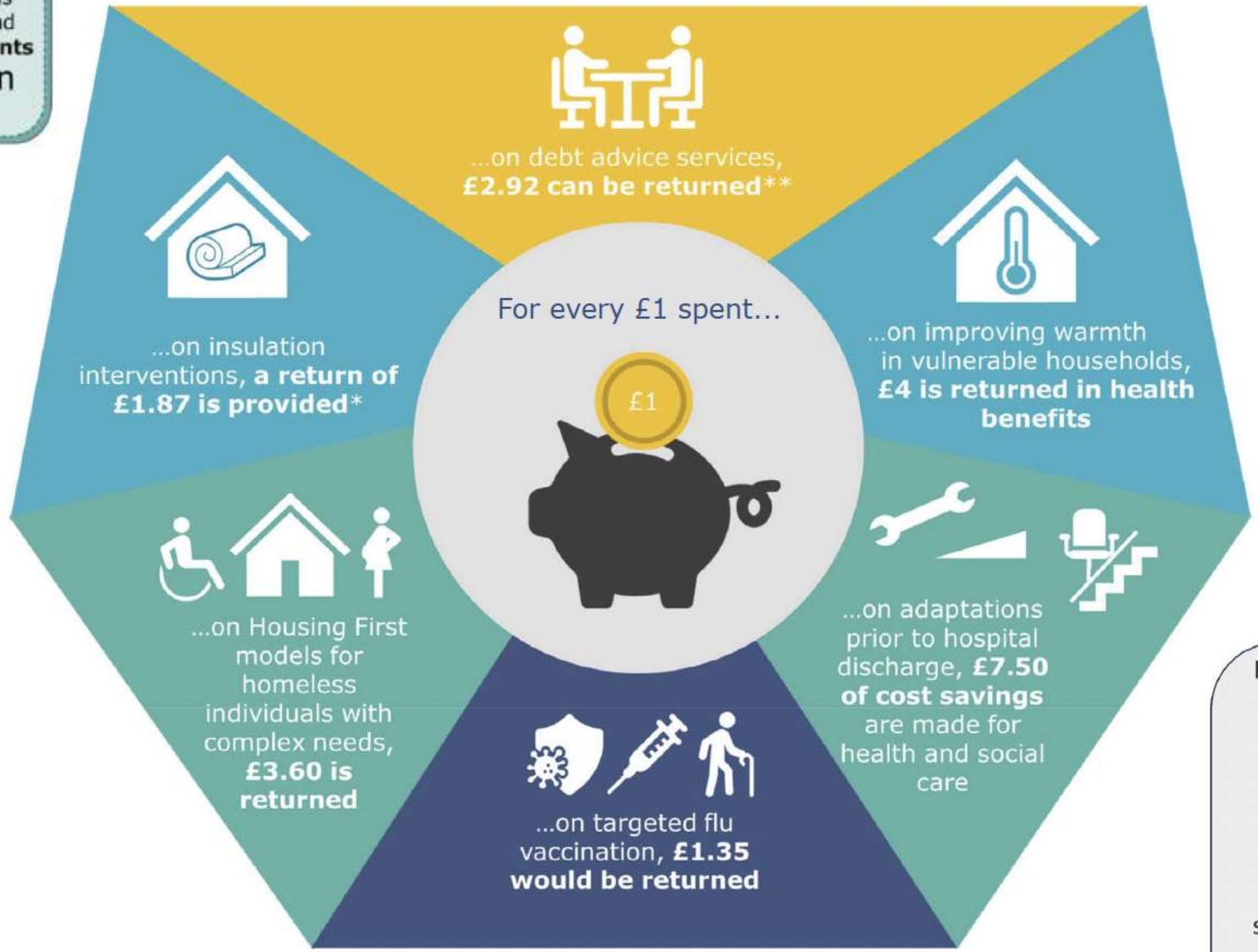
Cost of living crisis in Wales

A public health lens

November 2022

Total **cost of poor housing in Wales =** £1 billion

Cost of public health interventions such as **falls prevention** and **housing improvements** = £584 million



For every £1 spent on public health interventions...

...£14 is returned to health services or the wider system

Northern Ireland

MAKING LIFE BETTER

A WHOLE SYSTEM
STRATEGIC FRAMEWORK
FOR PUBLIC HEALTH

2013-2023

June 2014

INFORMATION
ANALYSIS
DIRECTORATE

Health

Annual Report

A product of

Department of
Health
An Roinn Sláinte
Männystrie O Poustie

		Better Than	Similar To	Worse Than
Trust	Belfast	6	10	38
	Northern	21	23	10
	South Eastern	29	19	6
	Southern	30	18	6
	Western	12	25	17
Local Government District	Antrim & Newtownabbey	8	32	12
	Ards & North Down	29	20	3
	Armagh City, Banbridge & Craigavon	29	20	3
	Belfast	6	7	39
	Causeway Coast & Glens	22	20	10
	Derry City & Strabane	11	15	26
	Fermanagh & Omagh	19	23	10
	Lisburn & Castlereagh	39	13	
	Mid & East Antrim	14	34	4
	Mid Ulster	26	18	8
	Newry, Mourne & Down	14	23	15

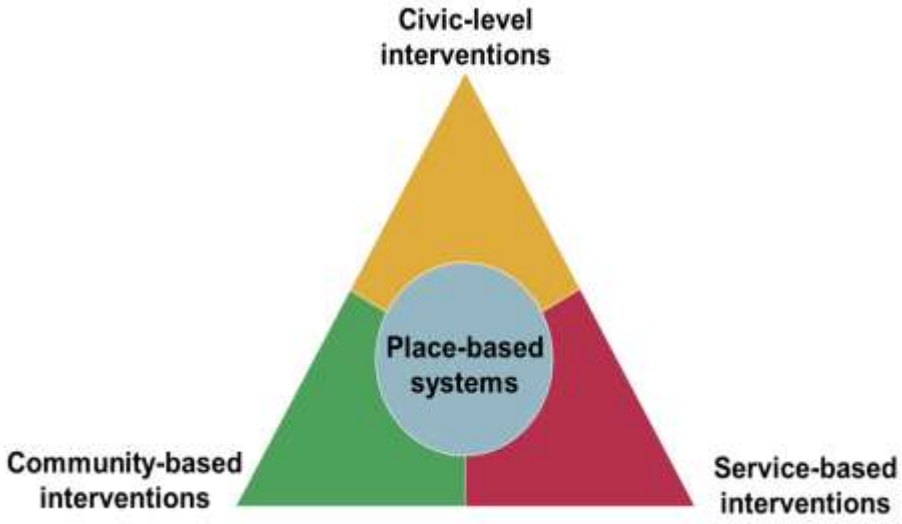
Place based approaches

IG
Irish Geography
MAY 2017
ISSN: 0075-0778 (Print) 1939-4055 (Online)
http://www.irishgeography.ie

Towards a geography of health inequalities in Ireland

Jan Rigby, Mark Boyle, Christopher Brunsdon, Martin Charlton, Danny Dorling, Walter French, Simon Noone and Dennis Pringle.

How to cite: Rigby, J. E., Boyle, M. G., Brunsdon, C., Charlton, M., Dorling, D., French, W., Noone, S. and Pringle, D. (2017) Towards a geography of health inequalities in Ireland. *Irish Geography*, 50(1), 37-58. DOI: 10.2014/igj.v50i1.1263



Sláintecare.
Healthy Communities

Sláintecare Healthy Communities 2021

- Cavan Town & County (Cavan) Gaeltacht (Donegal) Inishowen (Donegal)
- West Mayo (Mayo)
- Limerick City (Limerick) Clonmel (Tipperary)
- North Cork City (Cork)
- Enniscorthy & Wexford Town (Wexford) Waterford City (Waterford)
- Bray (Wicklow)
- Athy (Kildare) Cherry Orchard (Dublin) Clondalkin (Dublin) Tallaght (Dublin)
- Athlone & Mullingar (Westmeath) Longford Town (Longford)
- Ballymun (Dublin) Finglas & Cabra (Dublin) Kilmore & Priorswood (Dublin)

HSE hi Rialtas Áitiúil Éireann Local Government Ireland

Principles of **sustainable** healthcare

CENTRE *for* SUSTAINABLE HEALTHCARE

inspire • empower • transform

1. Prevention

Promoting health and preventing disease by tackling the causes of illnesses and inequalities.

2. Patient self-care

Empowering patients to take a greater role in managing their own health and healthcare

3. Lean service delivery

Streamlining care systems to minimise wasteful activities.

4. Low carbon alternatives

Prioritising treatments and technologies with a lower environmental impact.


HEALTH SERVICES CORE COMPONENTS
Available
Services are available in sufficient quantity to meet health needs, including the equitable distribution of services and the adequate provision of essential drugs.
PARTICIPATION
Accessible
Services are accessible to all, incorporating financial, physical, geographical and information accessibility. Services do not discriminate, including on grounds of race, colour, sex, language, religion, national origins, and political and other opinions.
Acceptable
Health facilities, goods and services are respectful of medical ethics and culturally appropriate.
GENDER EQUALITY
NON-DISCRIMINATION
THE RIGHT TO HEALTH
Quality
Health facilities, goods and services are scientifically and medically appropriate to provide the best possible care to patients to improve health outcomes.
Housing and public space
Poor housing, indoor and outdoor environments contribute to many preventable diseases and injuries.
Education
Education is critical to development and has a significant impact on health behaviours and outcomes.
Safe drinking water and sanitation
Safe, quality drinking water, adequate sanitation and safe wastewater treatment and reuse are some of the most effective ways to prevent illness and deaths and promote wellbeing.
HEALTH-RELATED INFORMATION
Economic, social and cultural determinants of health
The right to health is closely linked to and dependent on the realization of economic, social and cultural rights, such as the right to gender equality and the right to education.
Food security and nutrition
The double burden of malnutrition results from modern processes of food production and unequal distribution of food. Undernutrition coexists with overweight and obesity, and diet-related noncommunicable diseases.
Civil and political determinants of health
The right to health includes freedoms and civil and political rights, such as the right to be free from non-consensual medical treatment and the right to be free from torture and other cruel, inhuman or degrading treatment or punishment.
UNDERLYING DETERMINANTS OF HEALTH

Public Sector Equality and Human Rights Duty

Section 42, Irish Human Rights and Equality Commission Act 2014

Social determinants of mental disorders and the Sustainable Development Goals: a systematic review of reviews

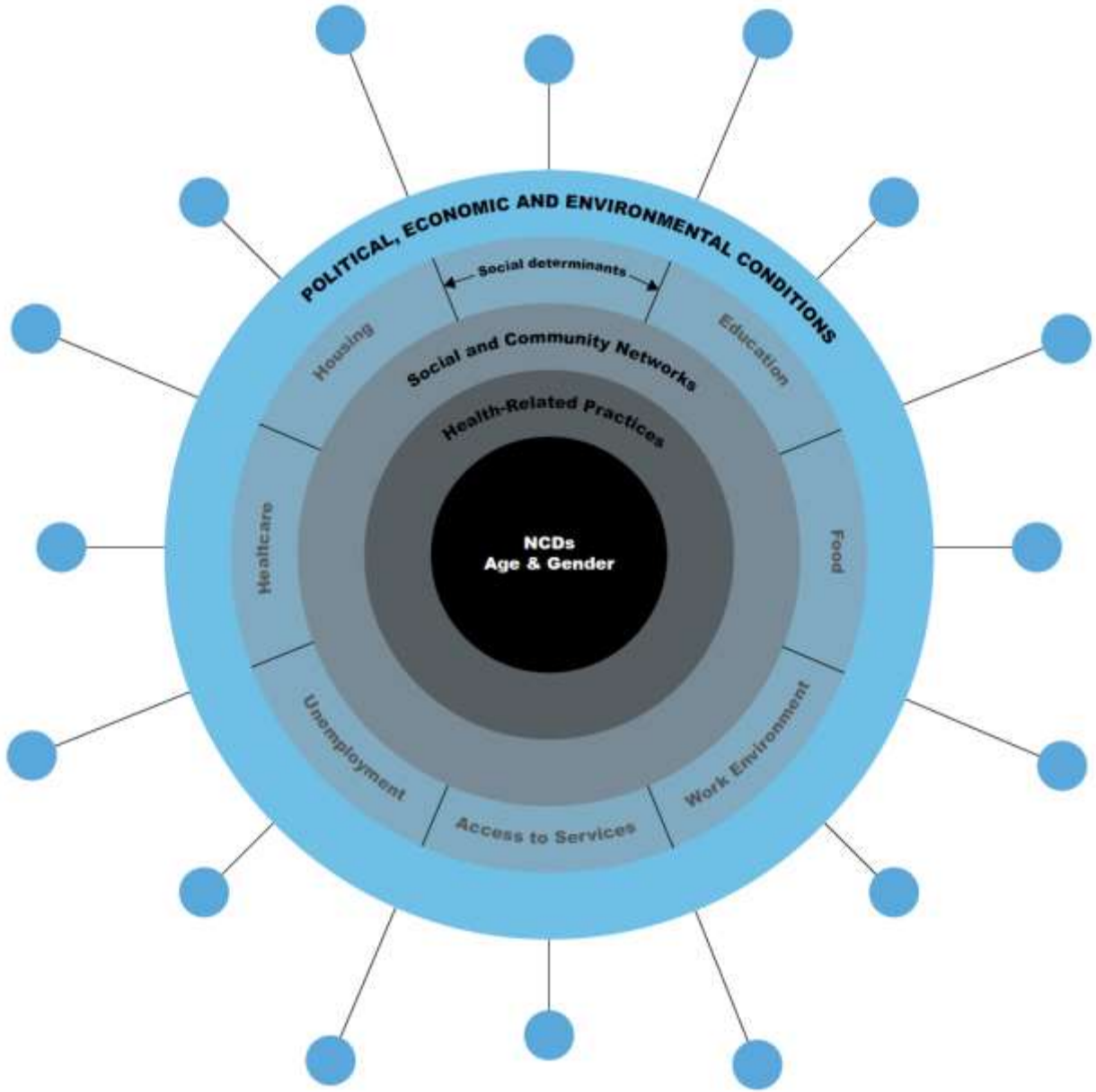
- Pandemic impacts on physical and mental health
- Capabilities, agency
- Trauma
- Misinformation

Human Development: Capabilities Approach

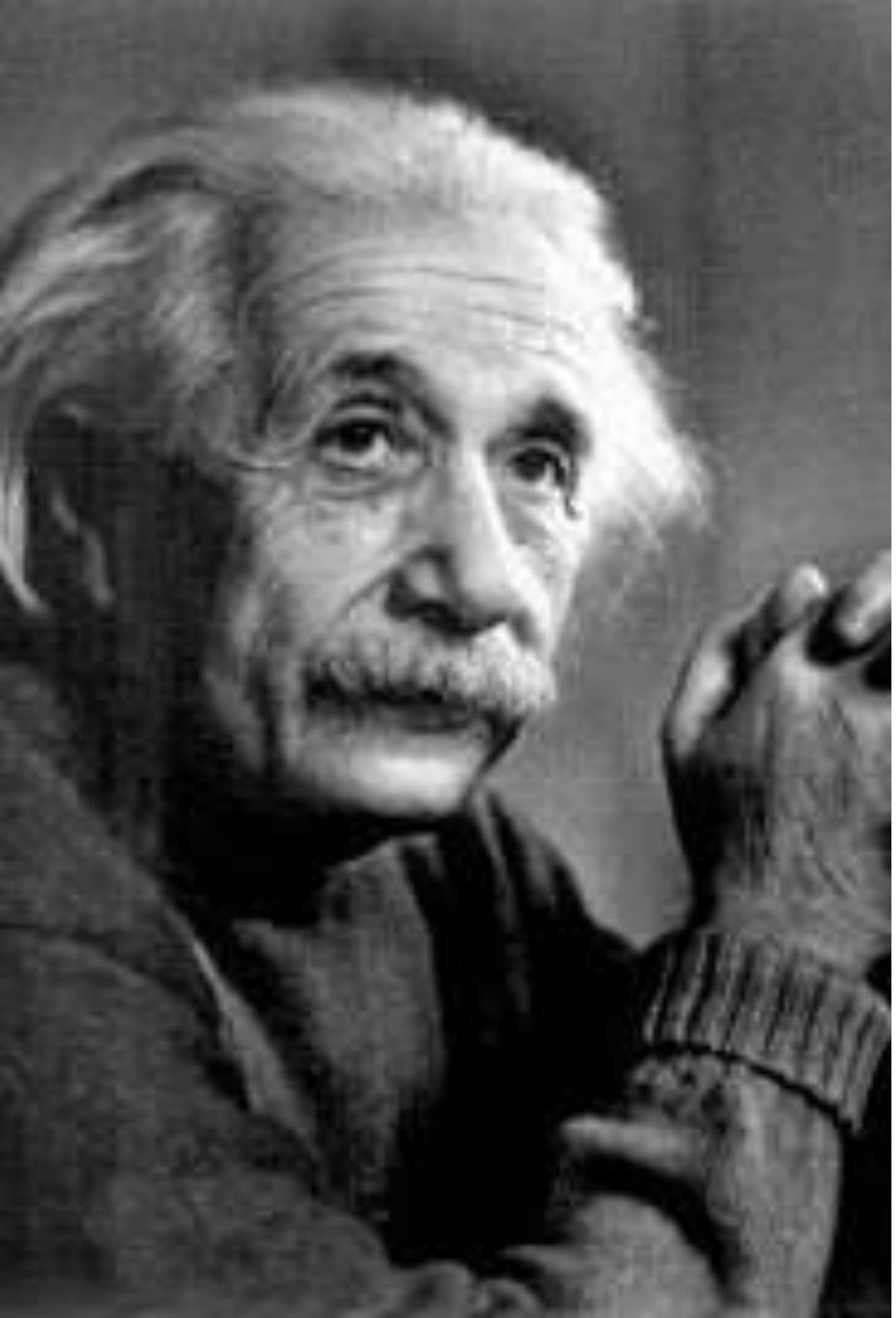
"the ability – the substantive freedom – of people to lead the lives they have reason to value and to enhance the real choices they have"

Unintended widening of inequality gap

COVID-19, NCDs and the Social Determinants of Health



Source: Bambra C, Riordan R, Ford J, Matthews F. The COVID-19 pandemic and health inequalities. https://jech.bmj.com/content/74/11/964



What are we measuring?

“What can be counted does not necessarily count

.. and what counts cannot necessarily be counted”

USING Z CODES:

The **Social Determinants of Health (SDOH)** Data Journey to Better Outcomes

What are Z codes

SDOH-related Z codes ranging from Z55-Z65 are the ICD-10-CM encounter reason codes used to document SDOH data (e.g., housing, food insecurity, transportation, etc.).

SDOH are the conditions in the environments where people are born, live, learn, work, play, worship and age.

Step 1 Collect SDOH Data

Any member of a person's care team can collect SDOH data during any encounter.

- Includes providers, social workers, community health workers, case managers, patient navigators, and nurses.
- Can be collected at intake through health risk assessments, screening tools, person-provider interaction, and individual self-reporting.

Step 2 Document SDOH Data

Data are recorded in a person's paper or electronic health record (EHR).

- SDOH data may be documented in the problem or diagnosis list, patient or client history, or provider notes.
- Care teams may collect more detailed SDOH data than current Z codes allow. These data should be retained.
- Efforts are ongoing to close Z code gaps and standardize SDOH data.

Step 3 Map SDOH Data to Z Codes

Assistance is available from the ICD-10-CM Official Guidelines for Coding and Reporting.[1]

- Coding, billing, and EHR systems help coders assign standardized codes (e.g., Z codes).
- Coders can assign SDOH Z codes based on self-reported data and/or information documented by any member of the care team if their documentation is included in the official medical record.[2]

Step 4 Use SDOH Z Code Data

Data analysis can help improve quality, care coordination, and experience of care.

- **Identify individuals'** social risk factors and unmet needs.
- **Inform health care** and services, follow-up, and discharge planning.
- **Trigger referrals** to social services that meet individuals' needs.
- **Track referrals** between providers and social service organizations.

Step 5 Report SDOH Z Code Data Findings

SDOH data can be added to key reports for executive leadership and Boards of Directors to inform value-based care opportunities.

- Findings can be shared with social service organizations, providers, health plans, and consumer/patient advisory boards to identify unmet needs.
- A Disparities Impact Statement can be used to identify opportunities for advancing health equity.

CMS

For Questions: Contact the **CMS Health Equity Technical Assistance Program**

[1] https://www.cms.gov/medicare/icd-10/2022-icd-10-cm
[2] aha.org/system/files/2018-04/value-initiative-icd-10-code-social-determinants-of-health.pdf

What actions do we need to take?

- Strategy for actions on the Social Determinants of Health
  - aim to advance health equity and reduce inequalities
- Proportionate universalism
- Rights based approaches – Public Sector Duty
- Consider abilities, capabilities, agency
- Develop workforce
- Public engagement
- Joined up measuring, monitoring, evaluating

Nothing about us without us

LEAVE NO ONE BEHIND