



**LEAVE
NO ONE
BEHIND**

Actions on the Determinants of Health to Advance Health Equity

Diarmuid O'Donovan
7 July 2023

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**



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)	SDG 3	SDG 4.3	SDG 4.4	SDG 8.5	GNI per capita rank minus HDI rank	HDI rank	
		Life expectancy at birth	Expected years of schooling	Mean years of schooling	Gross national income (GNI) per capita			
		Value	(years)	(years)	(years)			(2017 PPP \$)
2021	2021	2021 ^a	2021 ^a	2021	2021 ^b	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	0.754	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?**



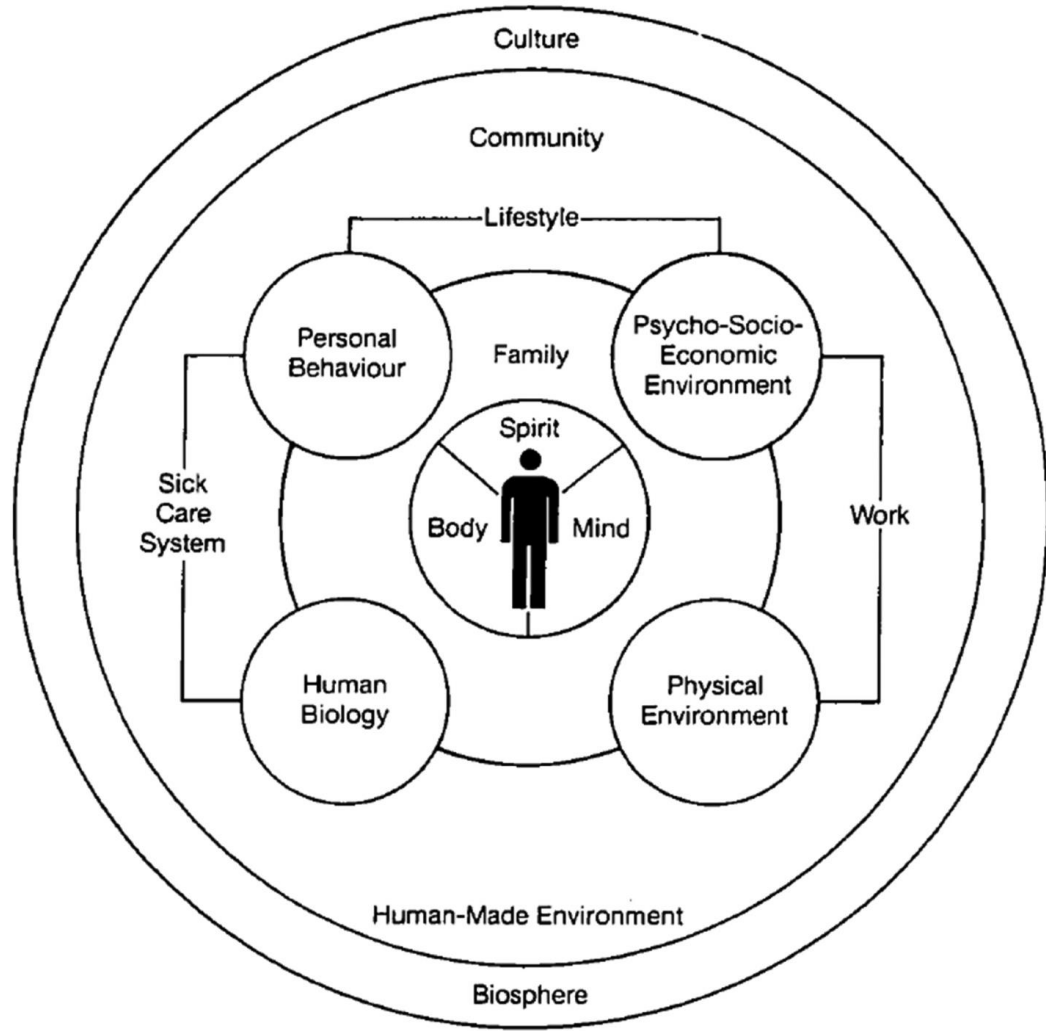




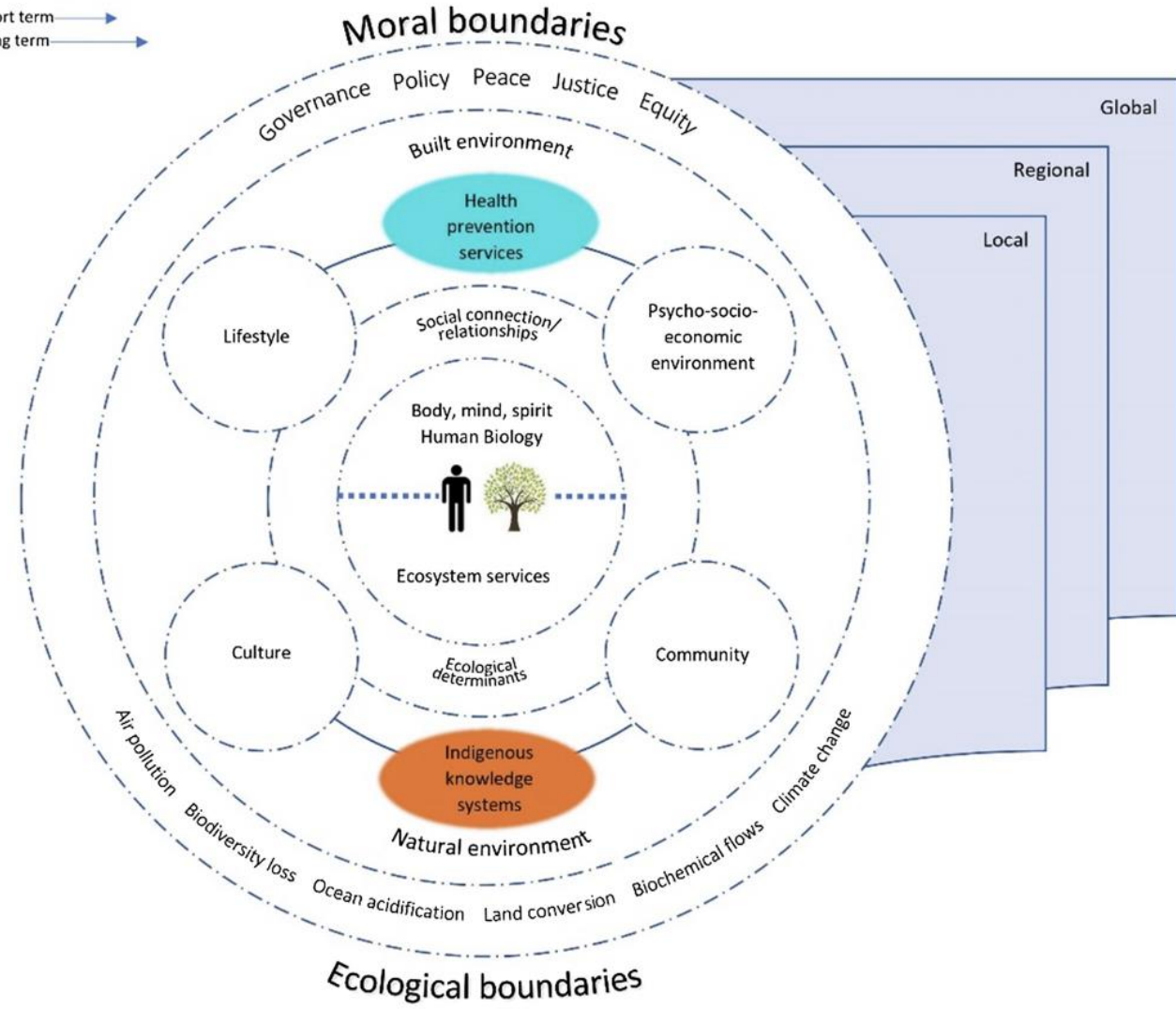


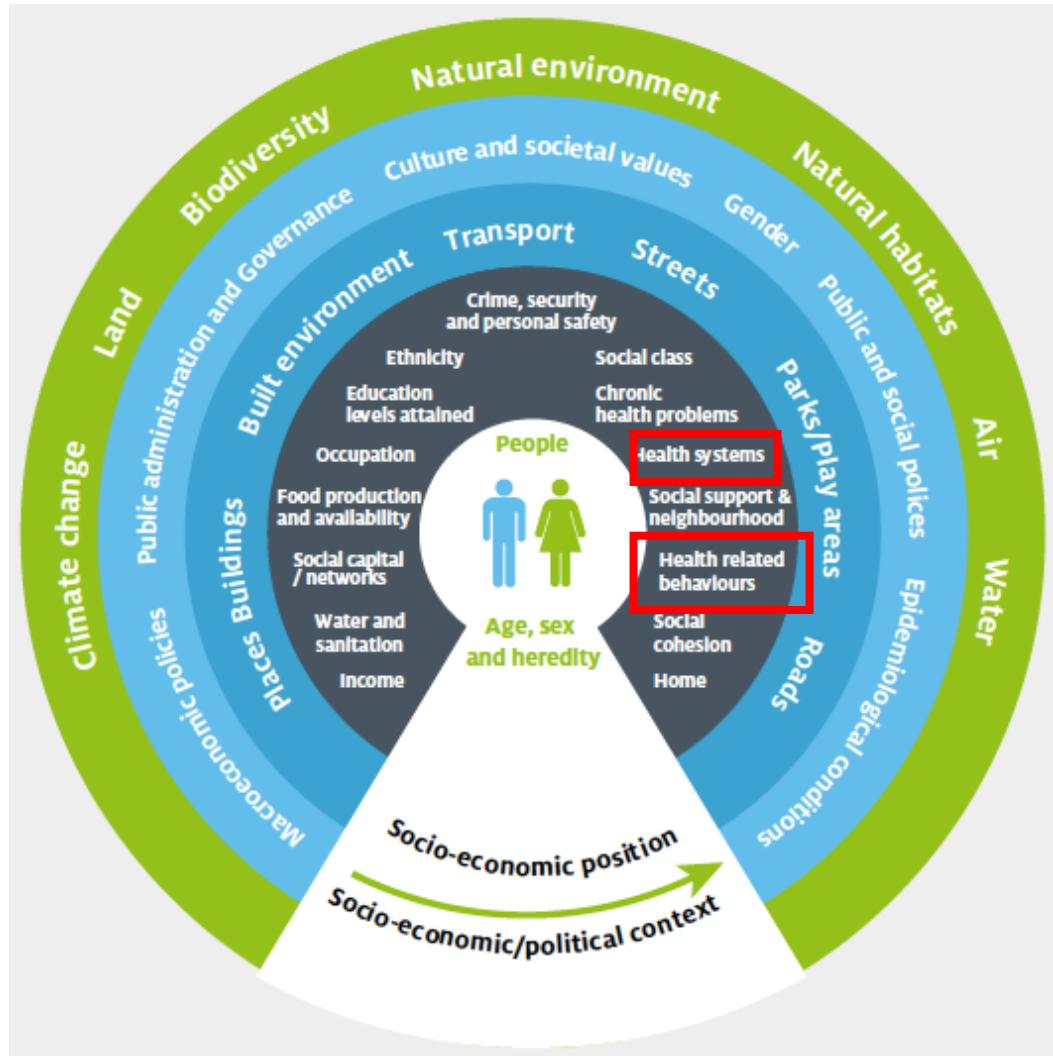






Short term
Long term

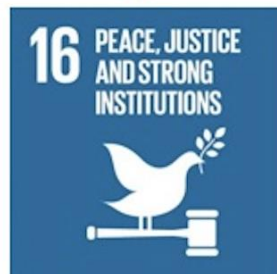




Foundational
determinants of
health



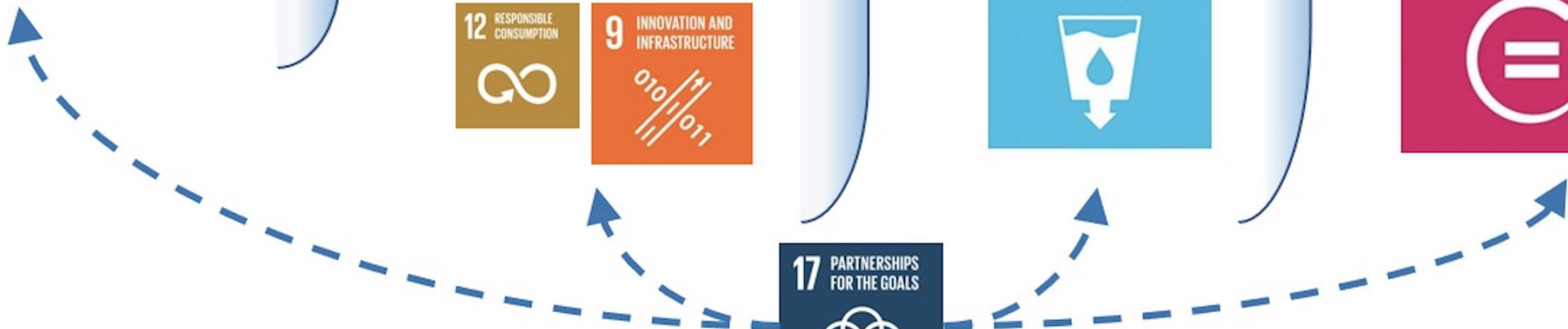
'Upstream' social
determinants



Highest priority,
'downstream'
determinants



Health and wellbeing
outcomes



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

Record 12,441 people in emergency accommodation

Updated / Friday, 30 Jun 2023 18:53

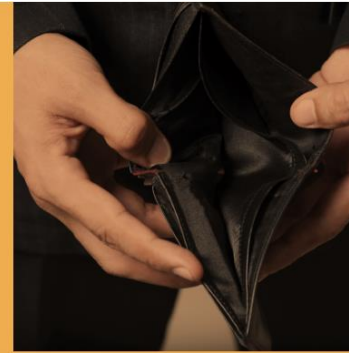


The Minister for Housing Darrah O'Brien said the increases "speak to the challenge we have in this space" (pic: RollingNews.ie)

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

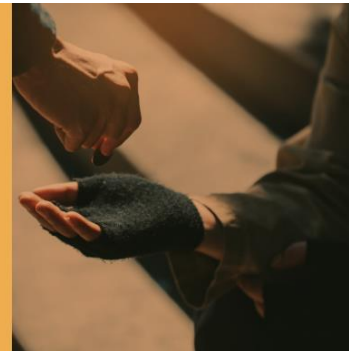


Source: CSO Ireland, Survey on Income and Living Conditions (SILC) 2022

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



*Households with at least one child under 16

UNEQUAL CHANCES? INEQUALITIES IN MORTALITY IN IRELAND

KATIE DUFFY, SHEELAH CONNOLLY, ANNE NOLAN AND
BERTRAND MAÎTRE



- 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

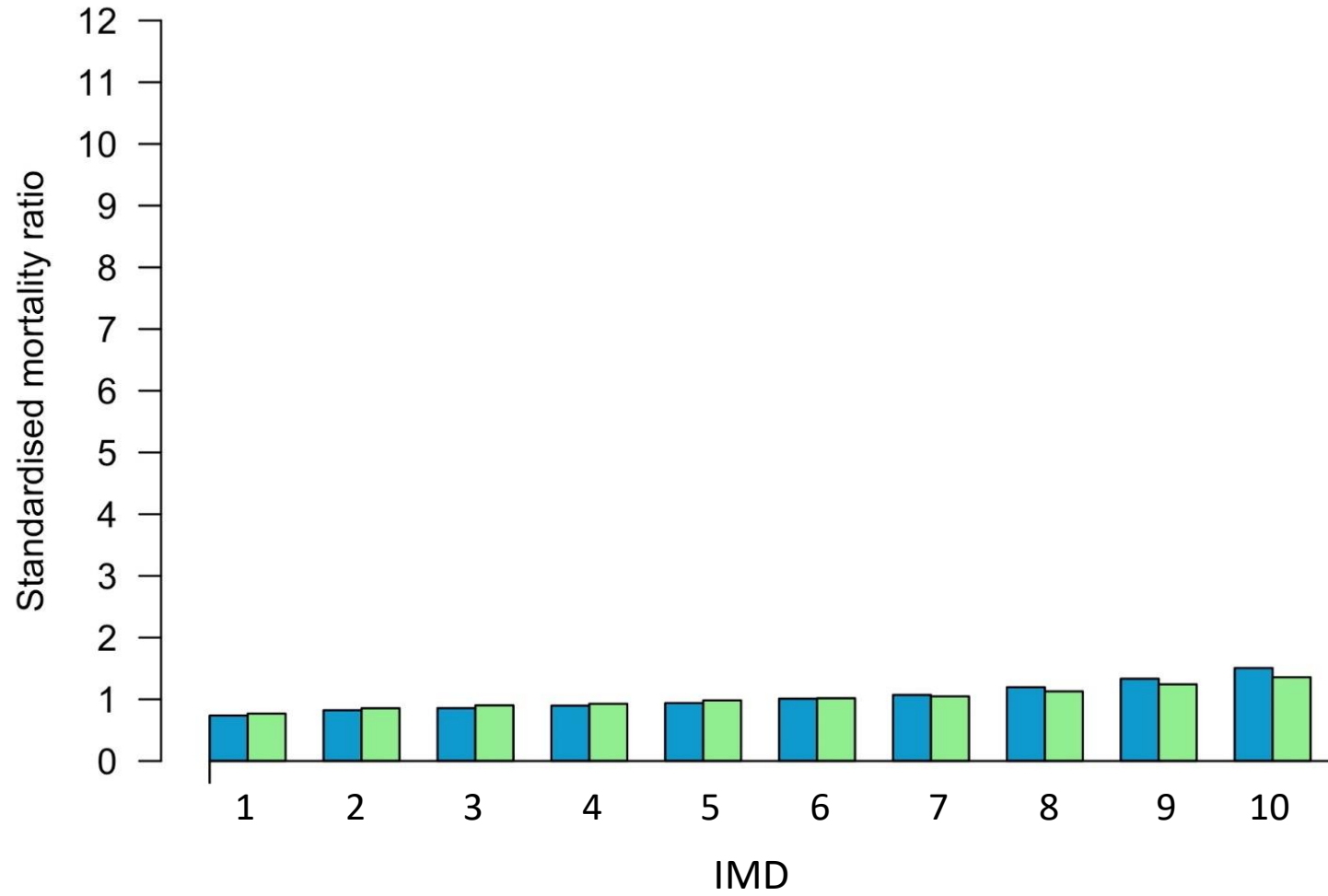
Research Paper

Mortality Differentials in Ireland 2016-2017

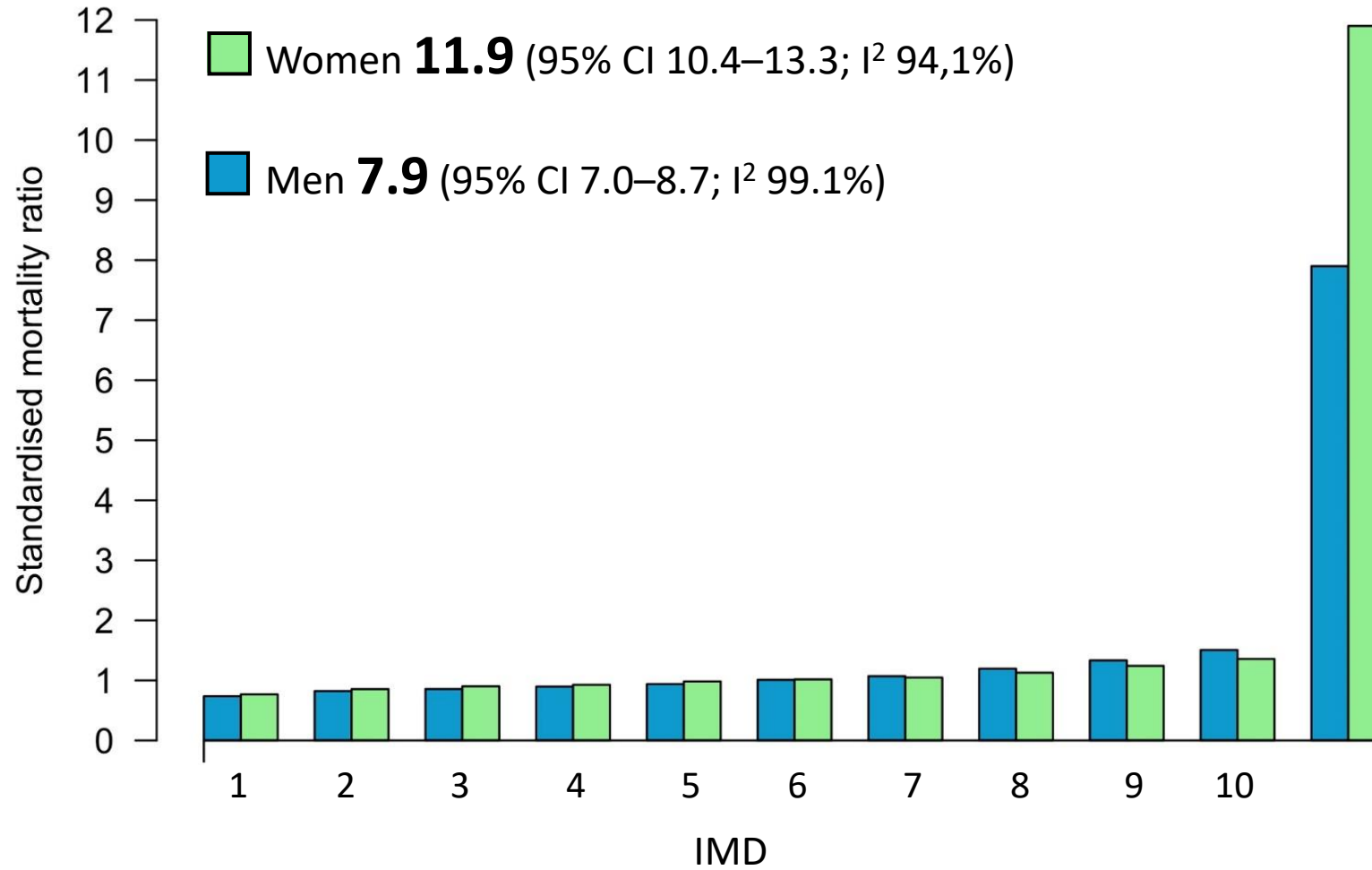
Analysis based on the census characteristics of persons that died in the twelve month period after Census Day 24 April 2016

Persons in most deprived areas have lowest life expectancy

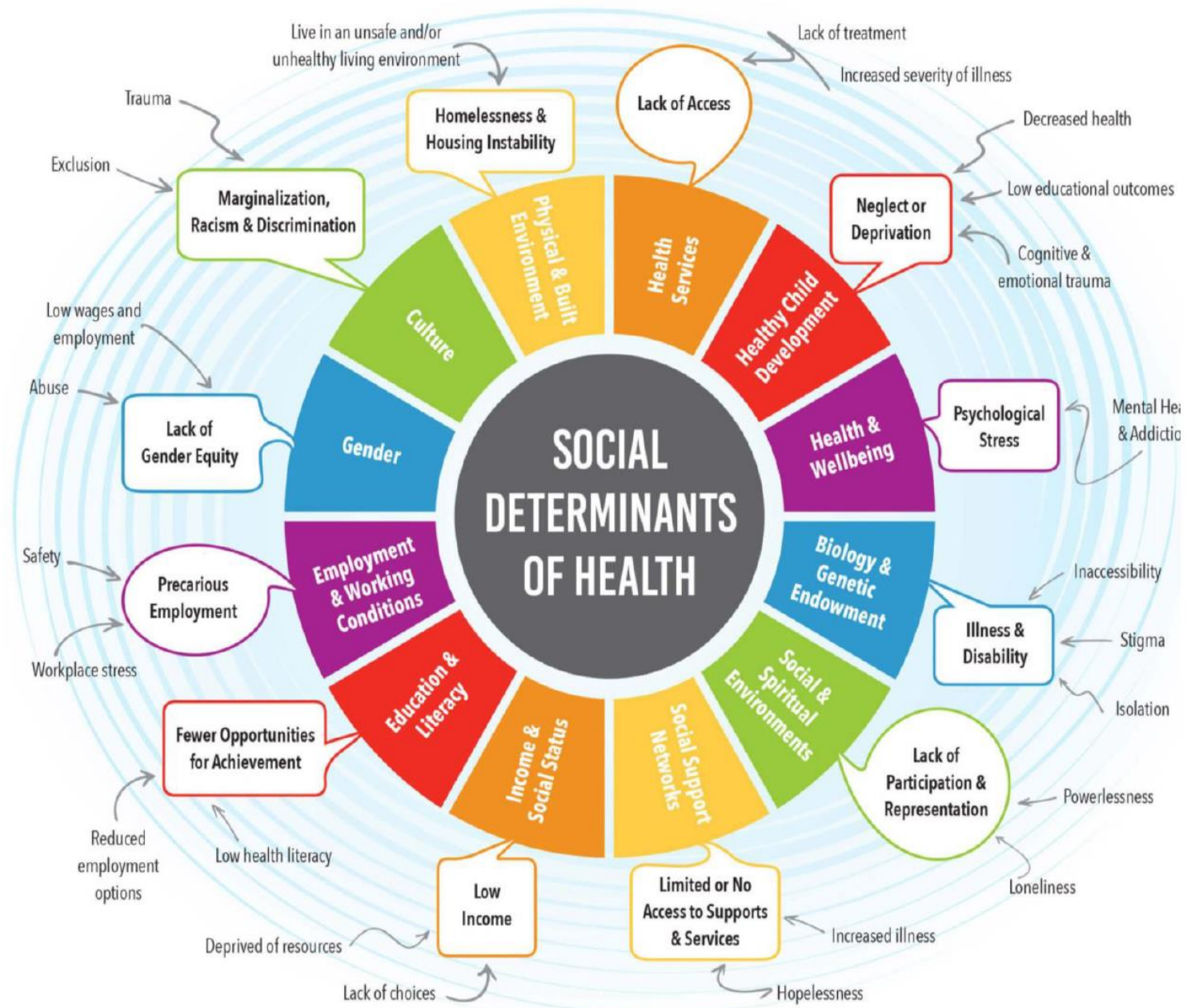
	Males	Females
All	82.0	85.5
First Quintile (least deprived)	84.4	87.7
Second Quintile	83.2	86.5
Third Quintile	82.2	85.7
Fourth Quintile	81.9	84.9
Fifth Quintile (most deprived)	79.4	83.2



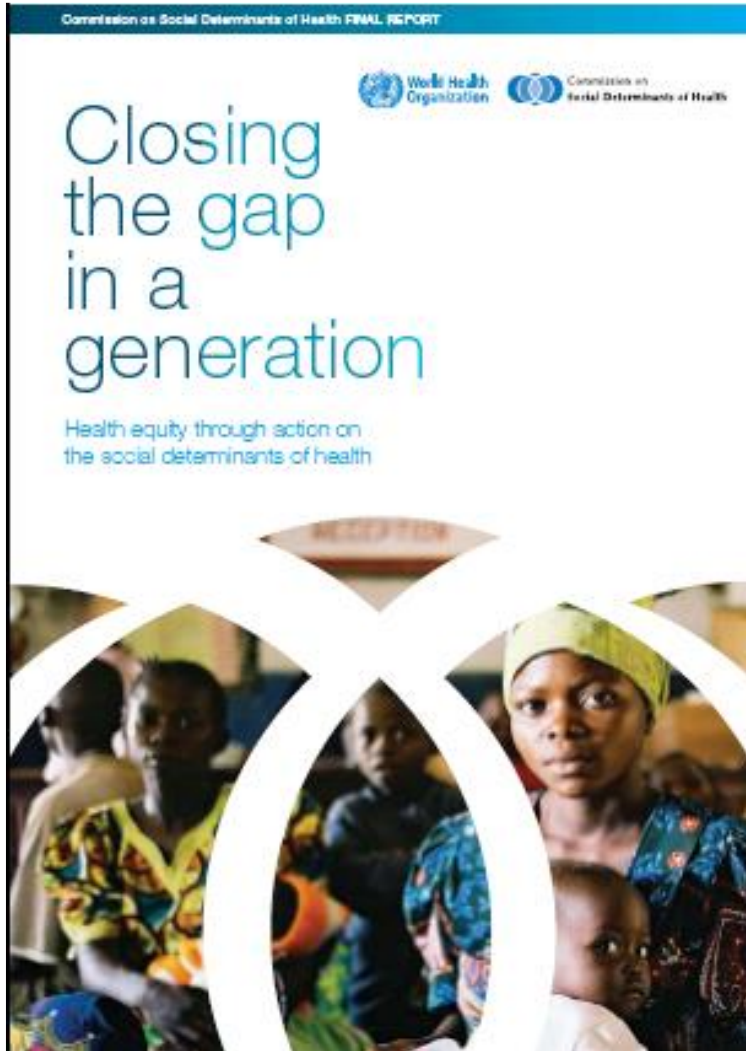
**Deaths by underlying cause, deprivation decile areas, 5 year age groups and sex, England and Wales, 1981 to 2015
Populations by deprivation decile areas, 5 year age groups and sex, England and Wales, 2001 to 2015*



**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 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

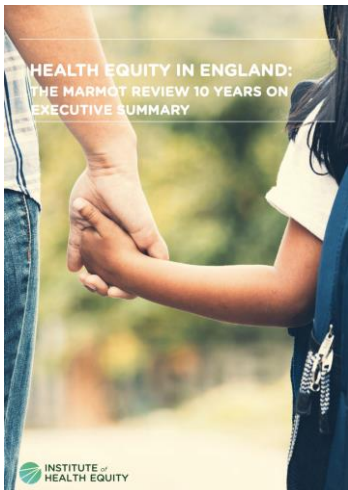
- Improve average health
- Abolish avoidable inequalities
- “... aim should be to bring the health of the worst off up to the level of the best”



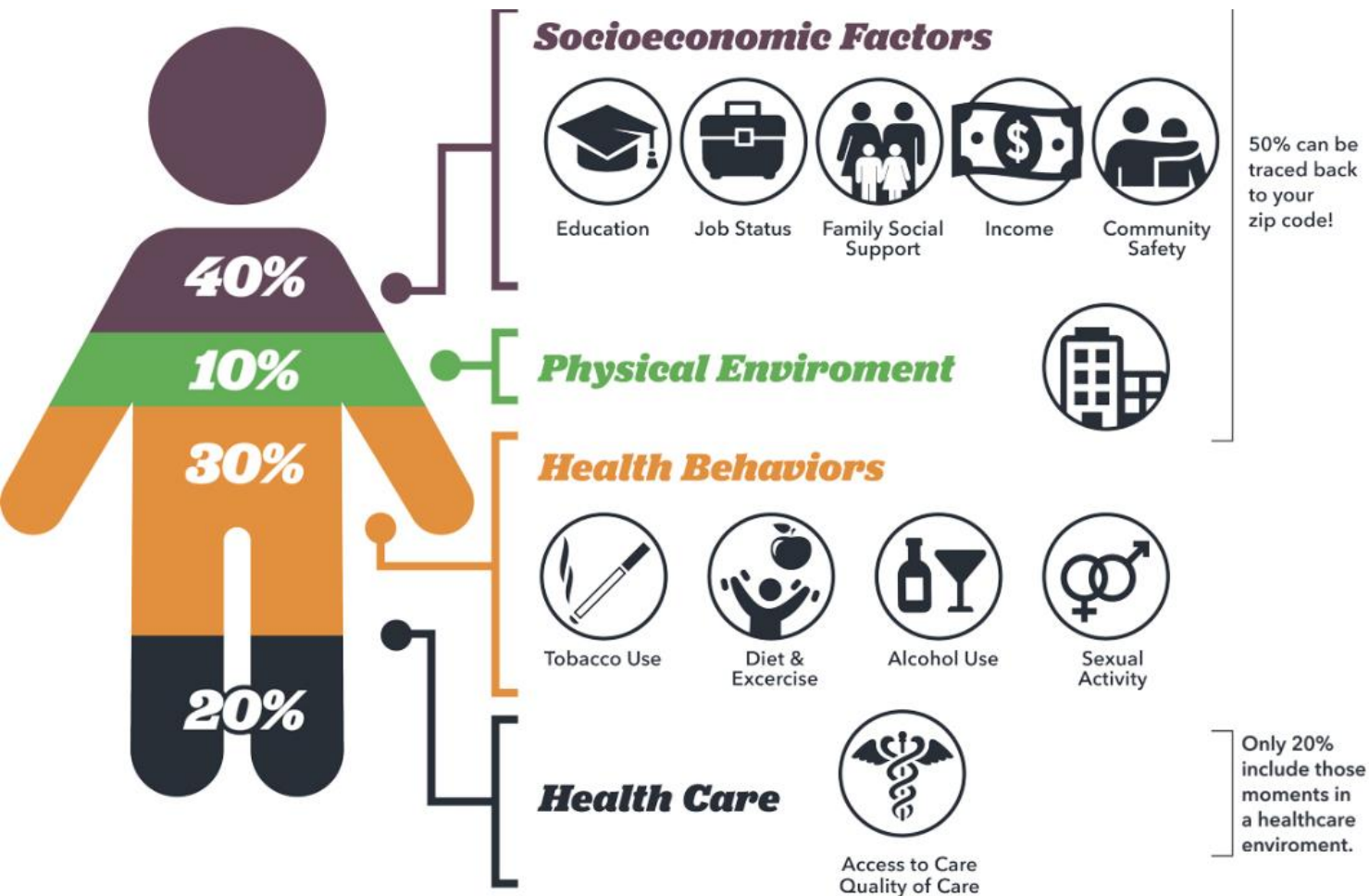
Marmot Principles



- 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

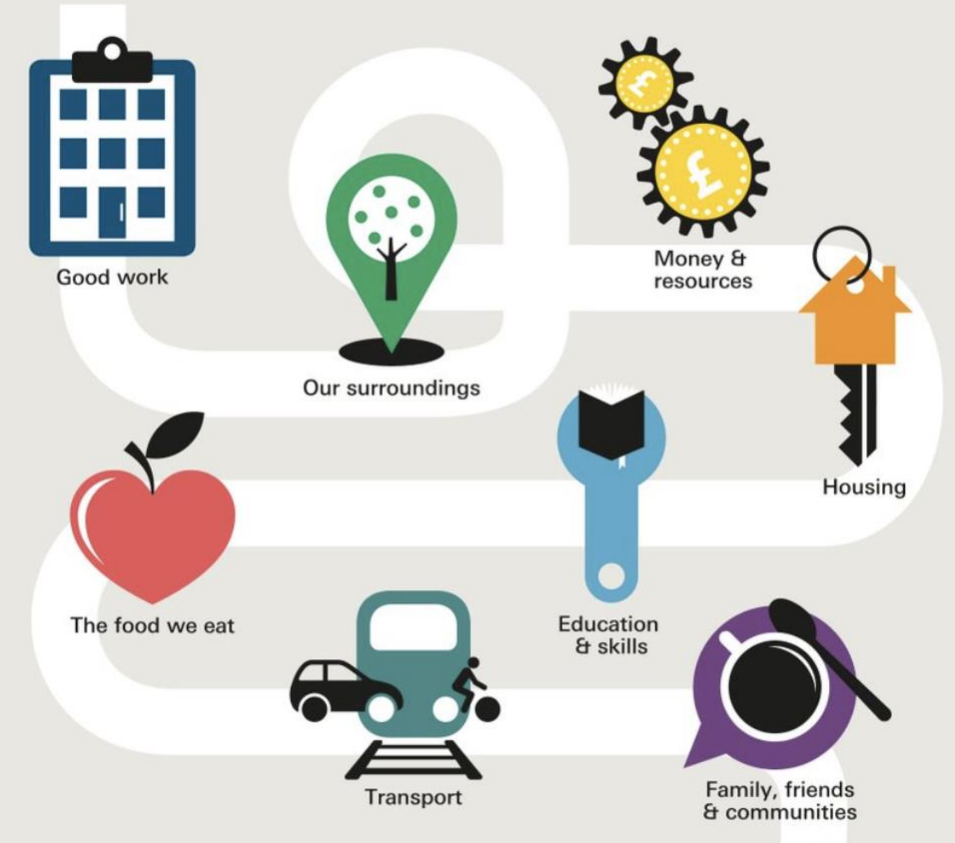


What makes us healthy?

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

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

What can healthcare staff do?

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

Jasmine N. Olivera MPhil¹ | John Ford MBChb DTM&H MSc PhD MFPH FRSPH FHE² | Sarah Sowden PhD³ | Clare Bambra PhD³



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

A1–A2



Available online at www.sciencedirect.com

Public Health

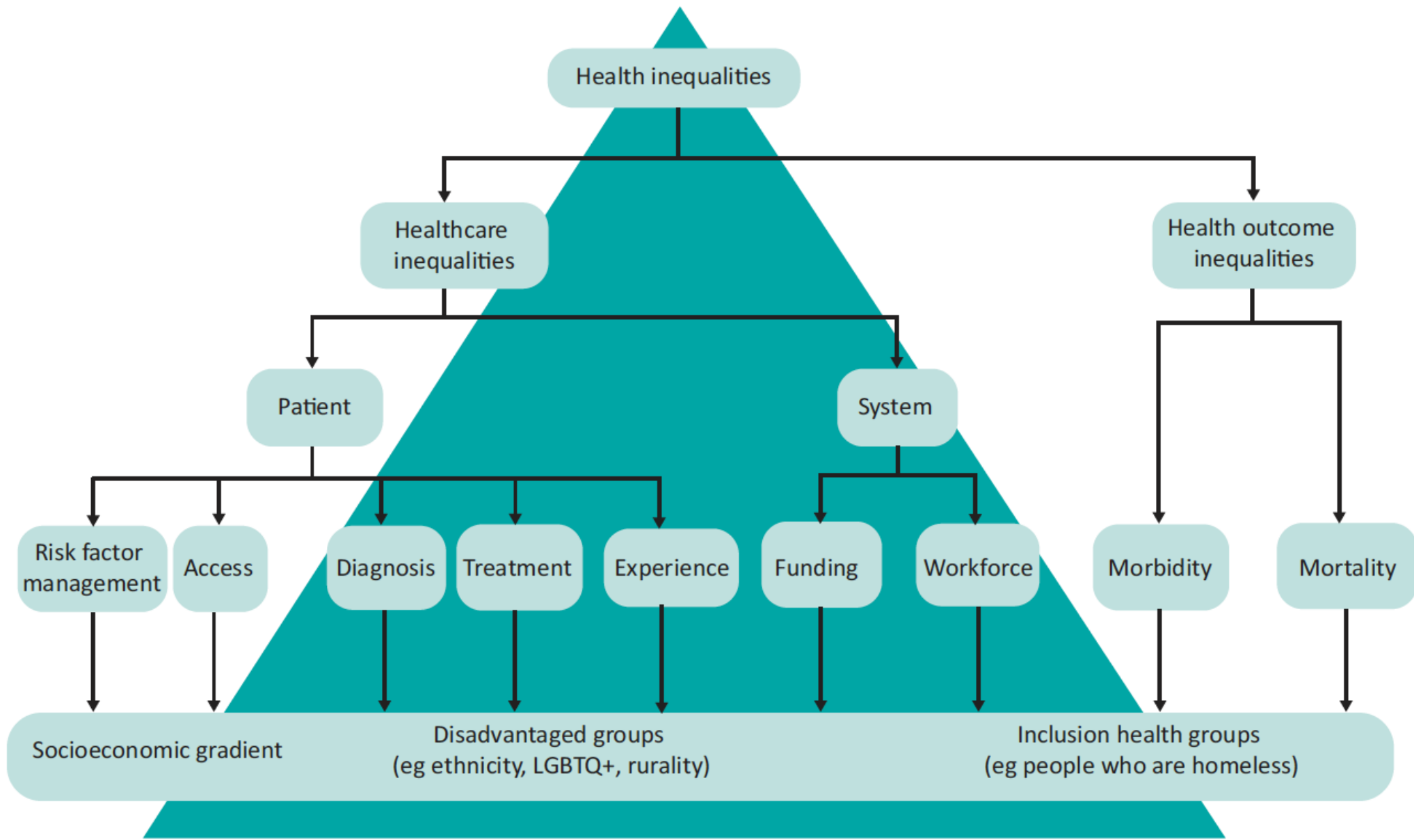
journal homepage: www.elsevier.com/puhe

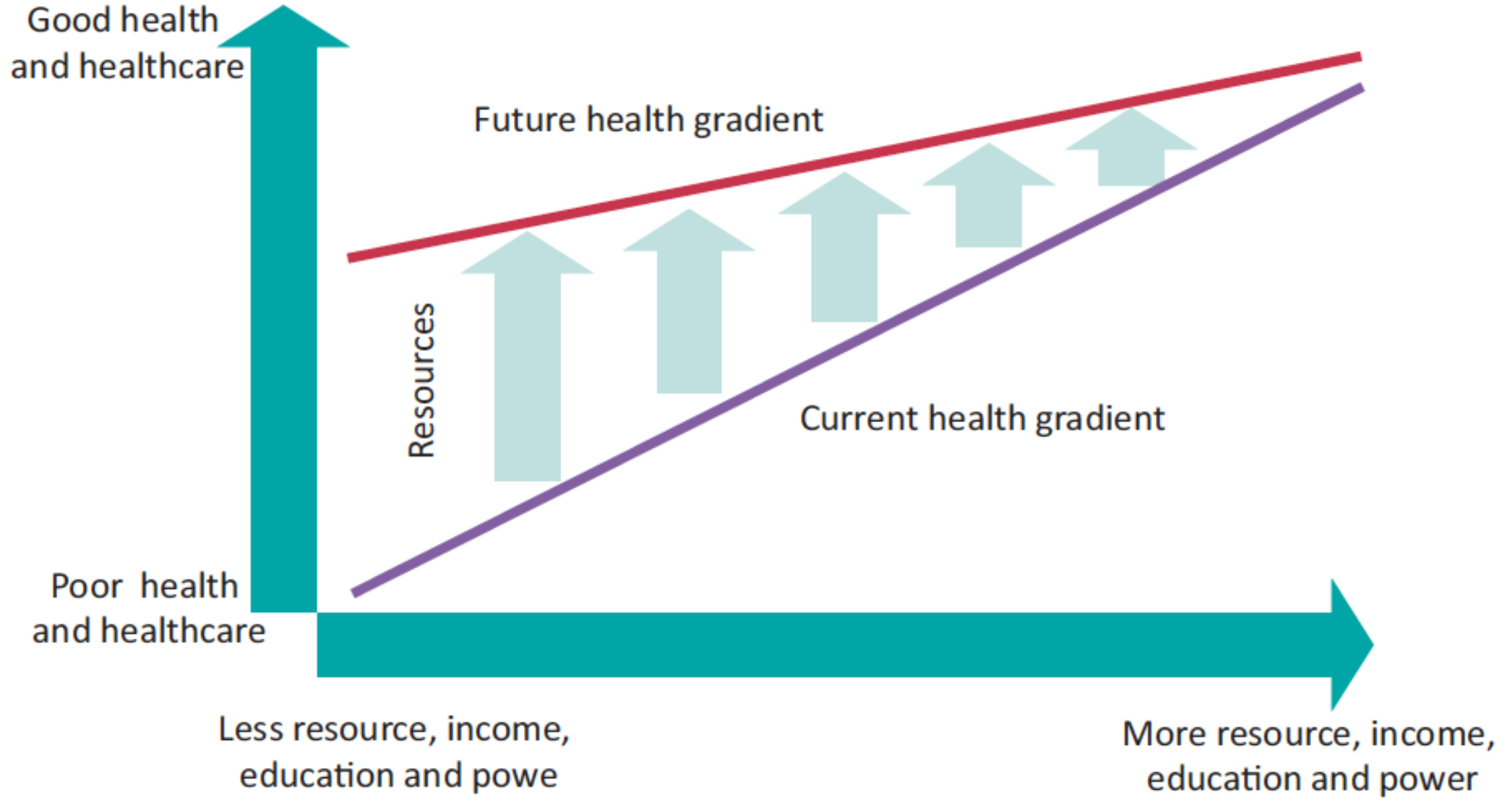


Editorial

Health inequalities: the need for clarity in the confusion







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



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



Target population

CORE20 PLUS 5

Key clinical areas of health inequalities

1

2

3

4

5



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



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)



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



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



HYPERTENSION CASE-FINDING
and optimal management and lipid optimal management



SMOKING CESSATION
positively impacts all 5 key clinical areas

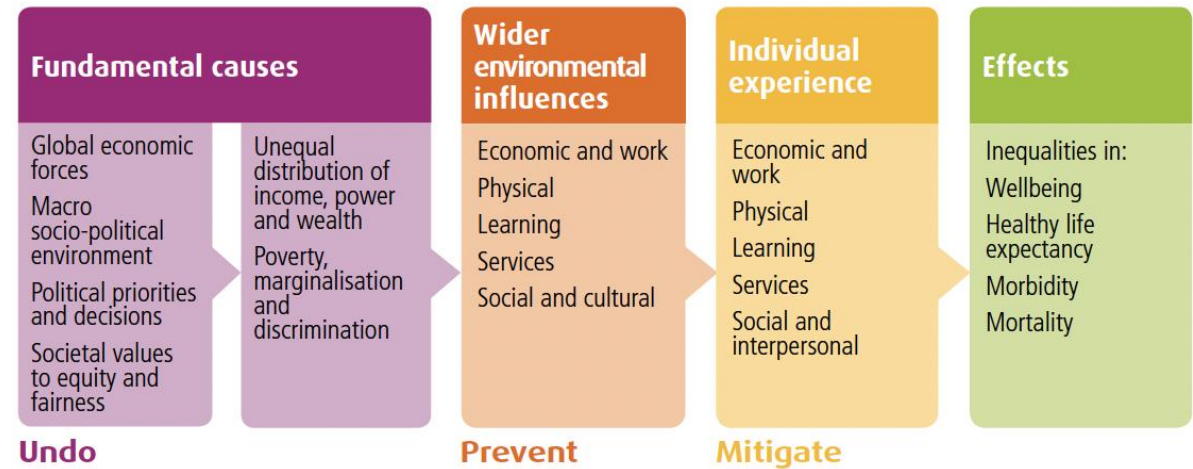
Scotland

Public Health Scotland

“A Scotland where everybody thrives”

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

NHS Scotland



Wales



Canolfan Gydwethredol Sefydliad Iechyd y Byd ar Fuddsoddi ar gyfer Iechyd a Llesiant

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.

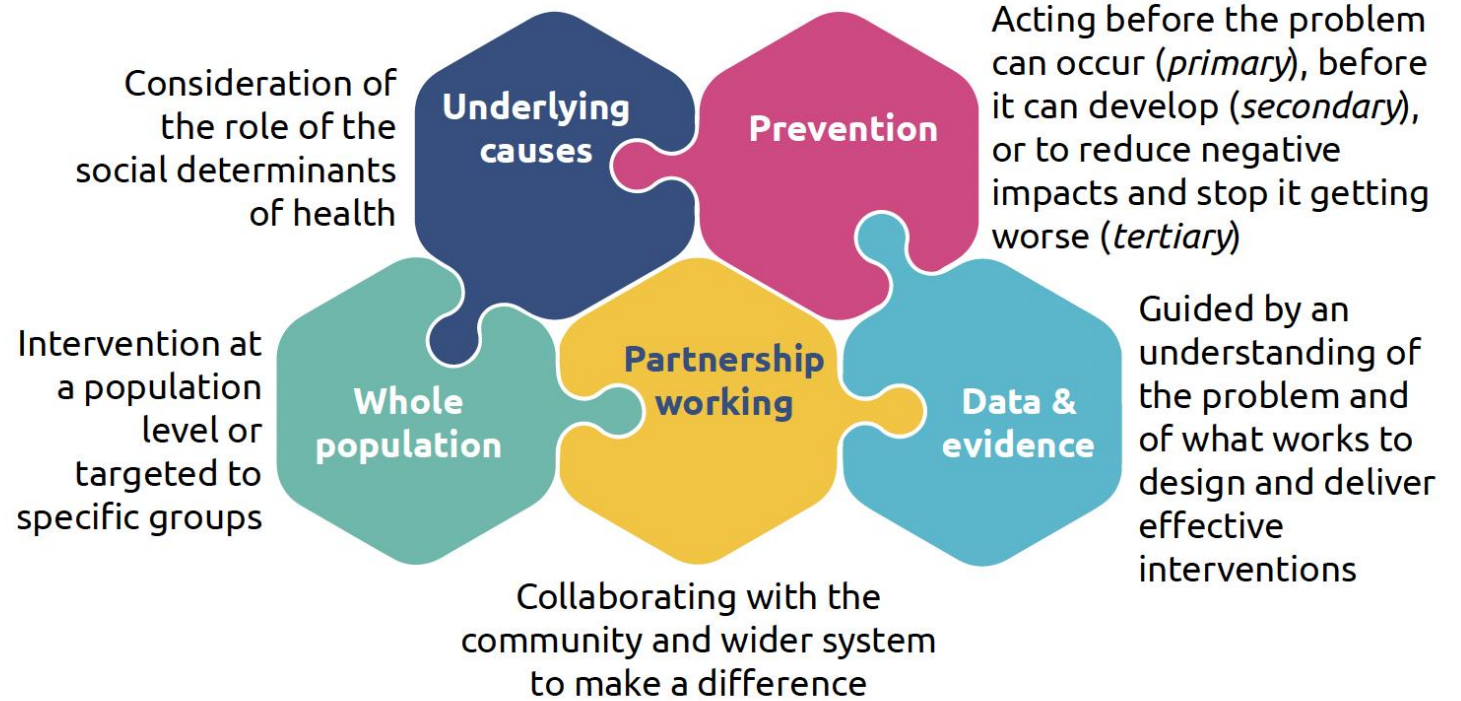
Authors: Sara Elias, Lewis Brace and Professor Jo Peden

June 2023

The illustration shows a bus stop with a shelter and a sign. A cyclist is in the foreground, and a bus is arriving at the stop. People are waiting, including a woman with a stroller and a man with a bag. The bus is yellow and has several passengers inside.

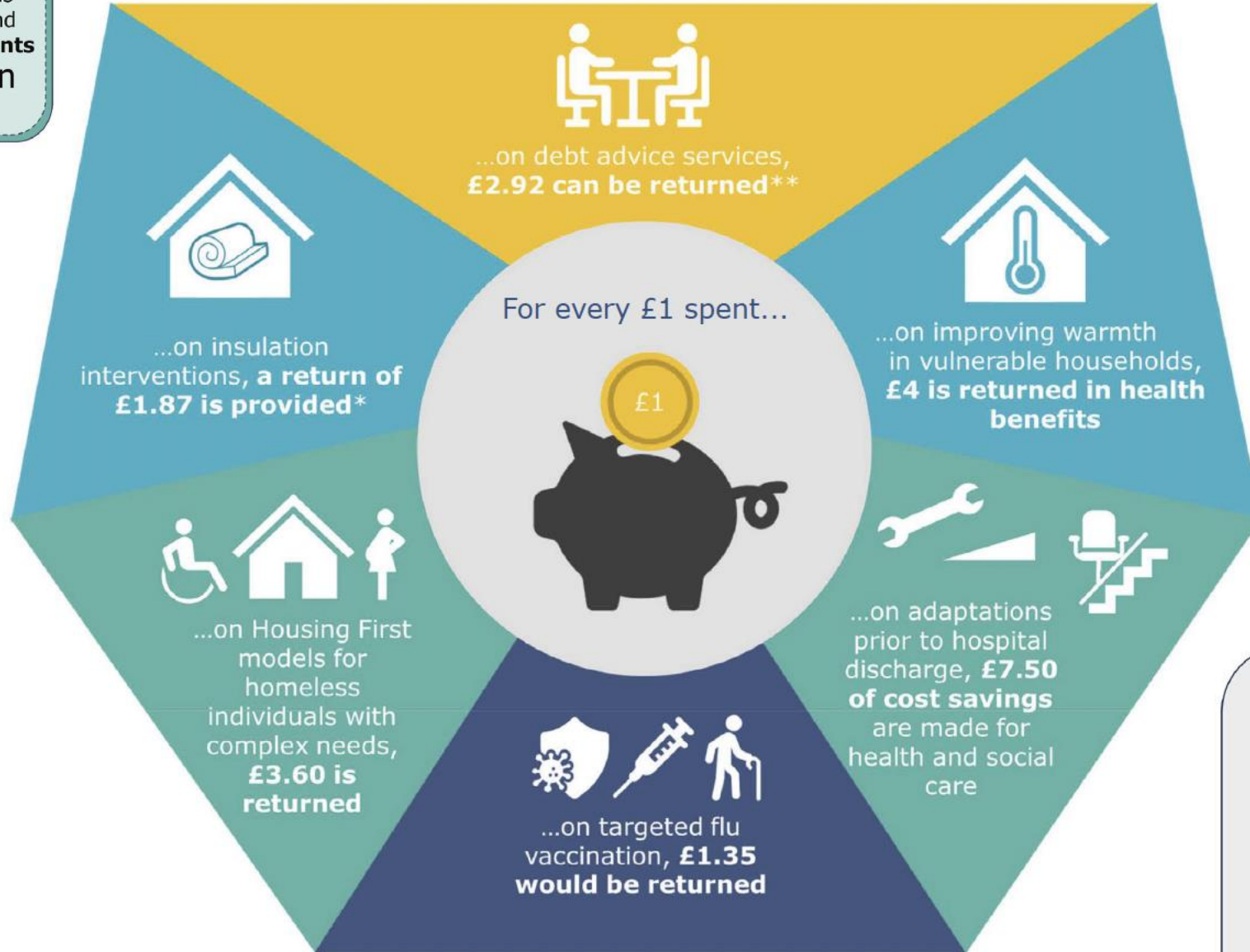
Cost of living crisis in Wales

A public health lens



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

INFORMATION
ANALYSIS
DIRECTORATE



MAKING LIFE BETTER

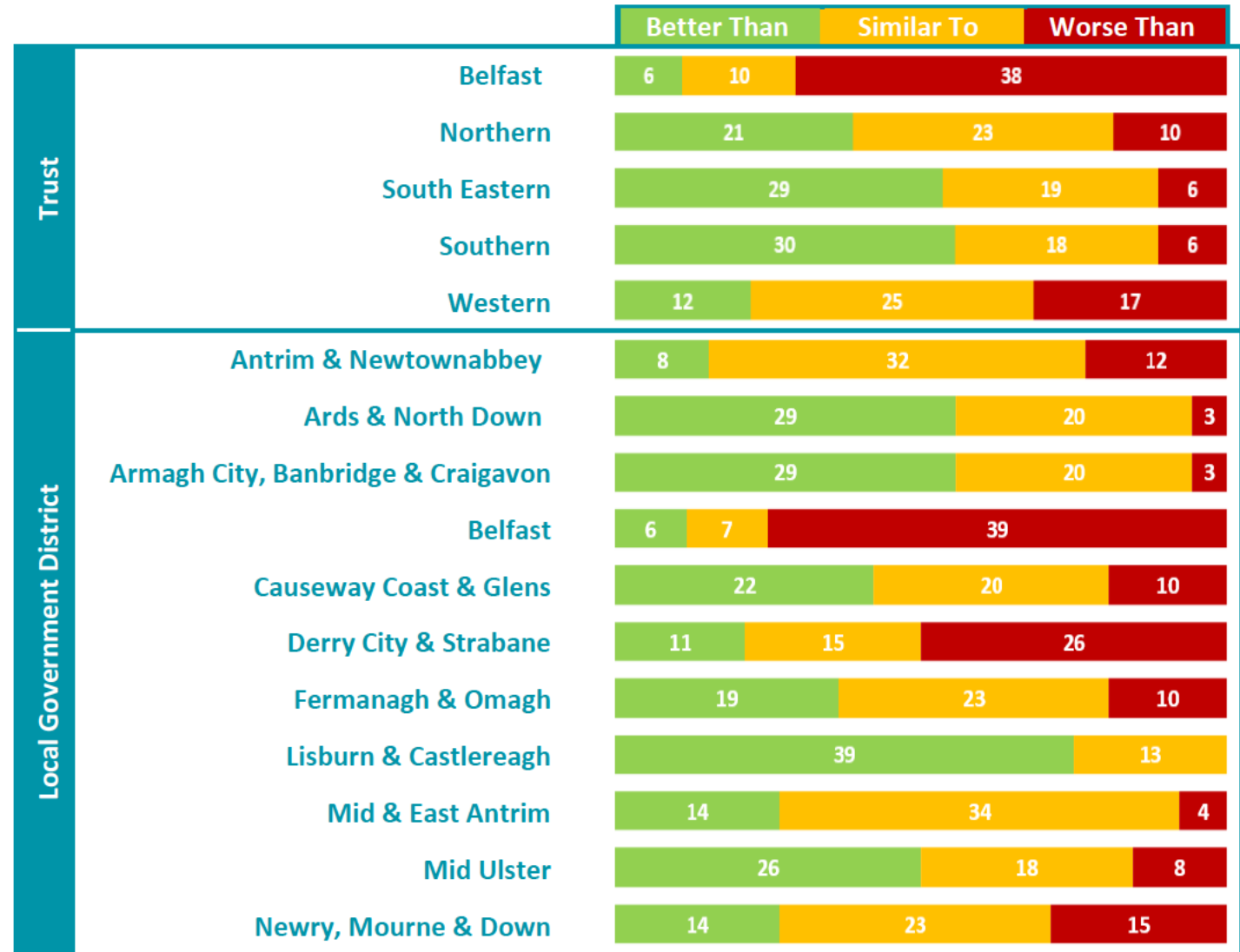
A WHOLE SYSTEM
STRATEGIC FRAMEWORK
FOR PUBLIC HEALTH

2013-2023

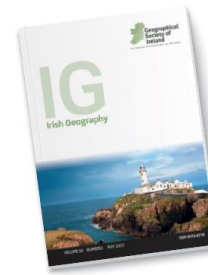
June 2014

Health
Annual Report

A product of



Place based approaches



IG
Irish Geography

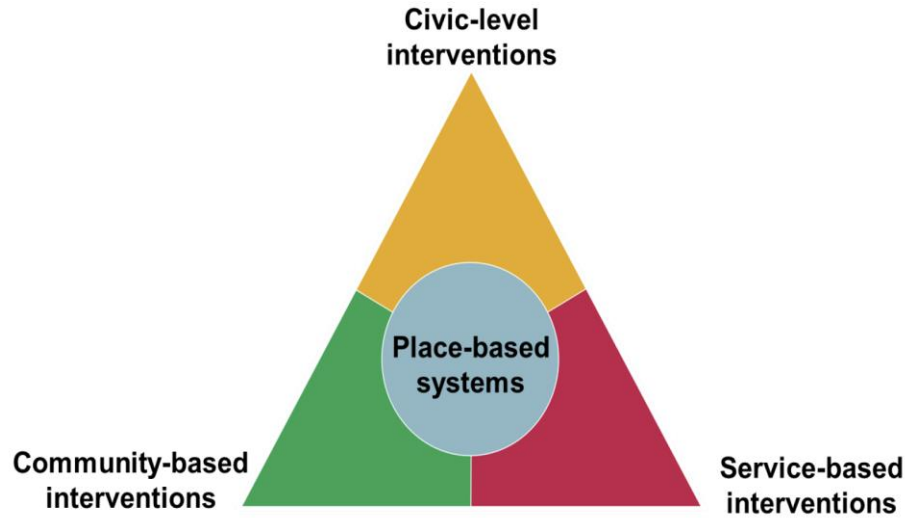
MAY 2017
ISSN: 0075-0778 (Print) 1939-4055 (Online)

<http://www.irishgeography.ie>

Towards a geography of health inequalities in Ireland

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

How to cite: Rigby, J. E., Boyle, M. G., Brunson, 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 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)



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.



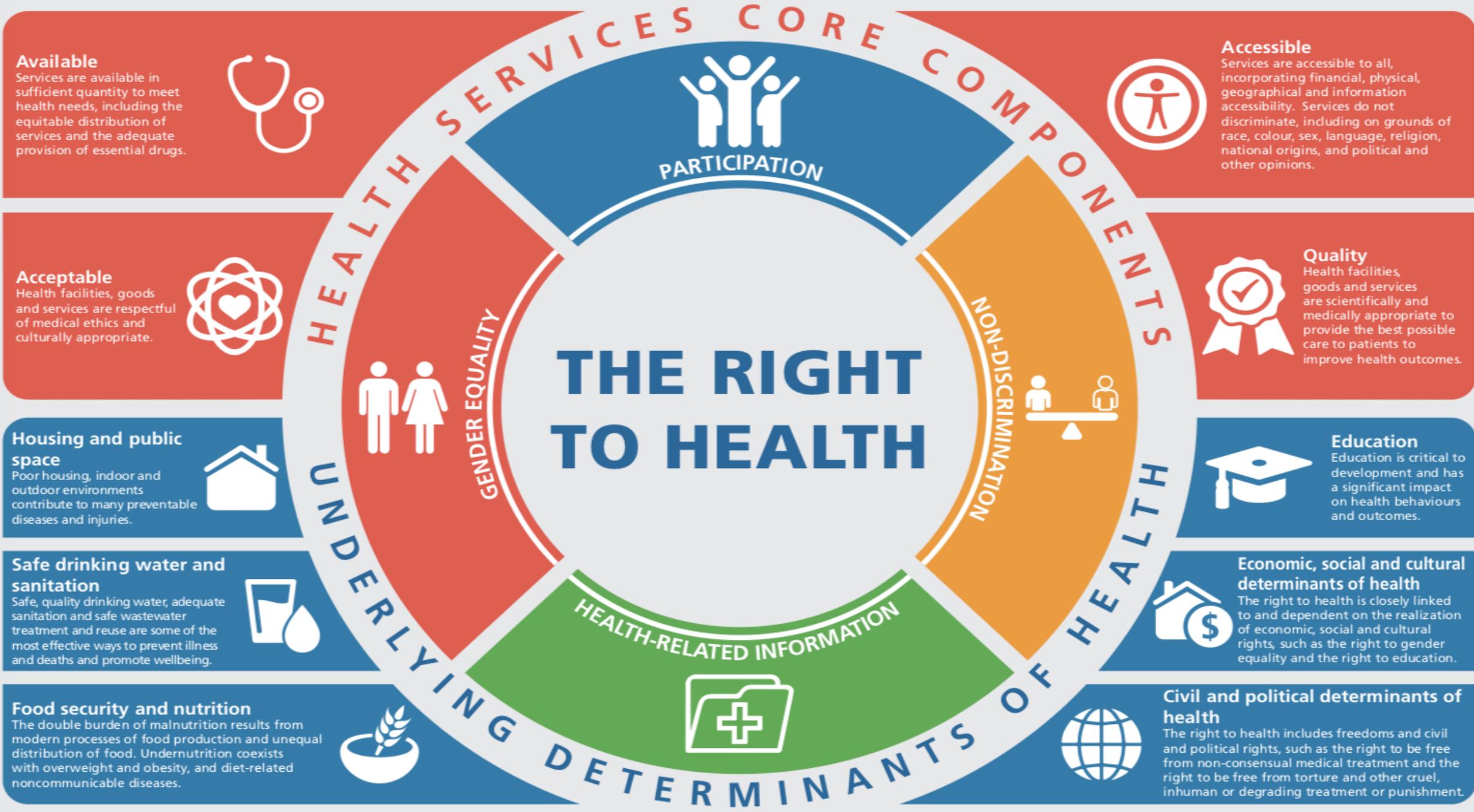
4. Low carbon alternatives

Prioritising treatments and technologies with a lower environmental impact.

Principles of sustainable healthcare



CENTRE for
SUSTAINABLE
HEALTHCARE
inspire • empower • transform



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
 Icon: Three stylized human figures with arms raised.



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

THE RIGHT TO HEALTH

NON-DISCRIMINATION



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.



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.



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.



HEALTH-RELATED INFORMATION



Education
 Education is critical to development and has a significant impact on health behaviours and outcomes.



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.



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.



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

Crick Lund, Carrie Brooke-Sumner, Florence Baingana, Emily Claire Barron, Erica Breuer, Prabha Chandra, Johannes Haushofer, Helen Herрман, Mark Jordans, Christian Kirling, Maria Elena Medina-Mora, Ellen Morgan, Olayinka Omigbodun, Wietse Tol, Vikram Patel, Shekhar Saxena

HUMAN DEVELOPMENT

REPORT 2021/2022



Uncertain Times,
Unsettled Lives:
Shaping our Future
in a
Transforming World

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

Human Development: Capabilities Approach

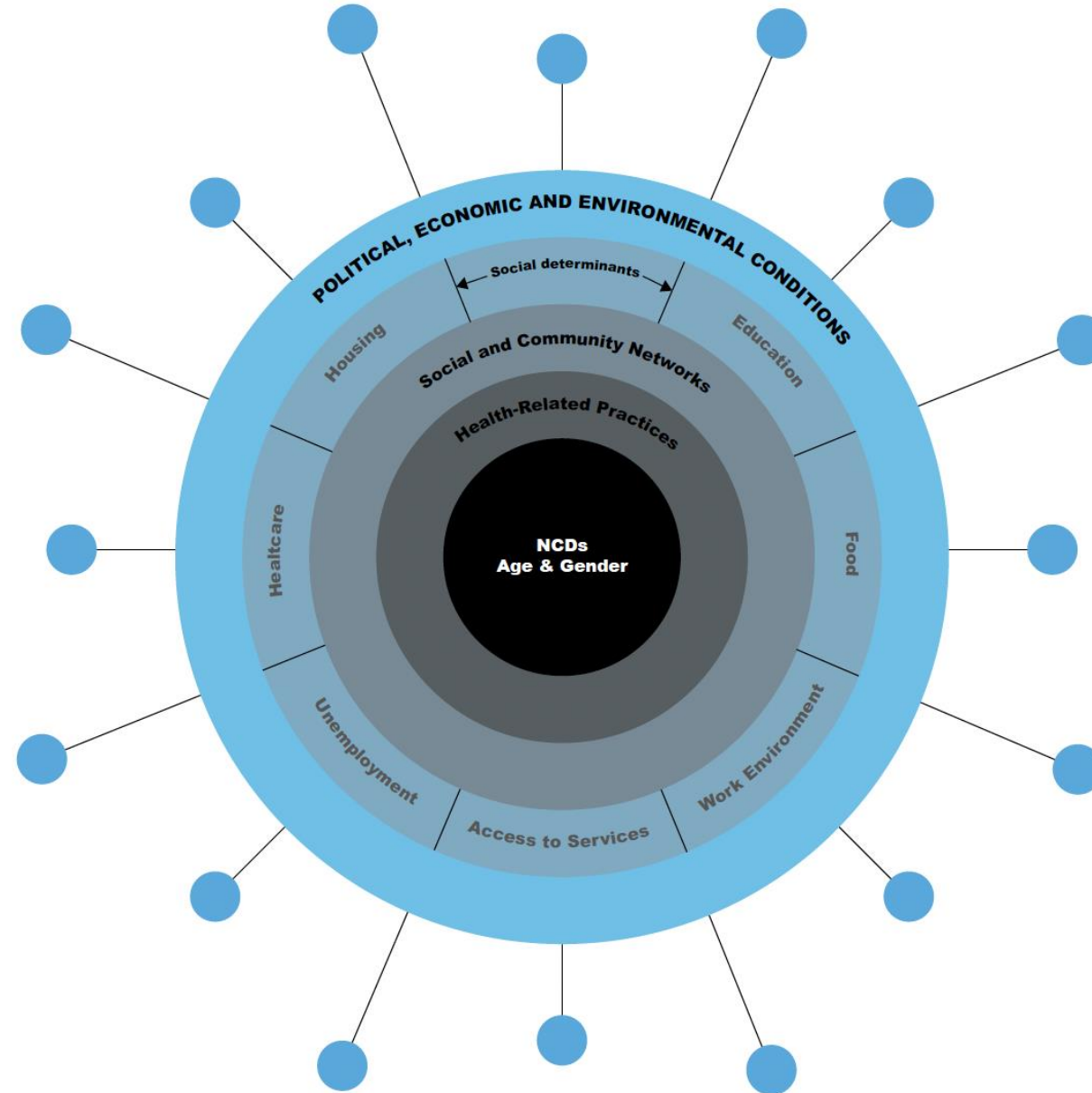


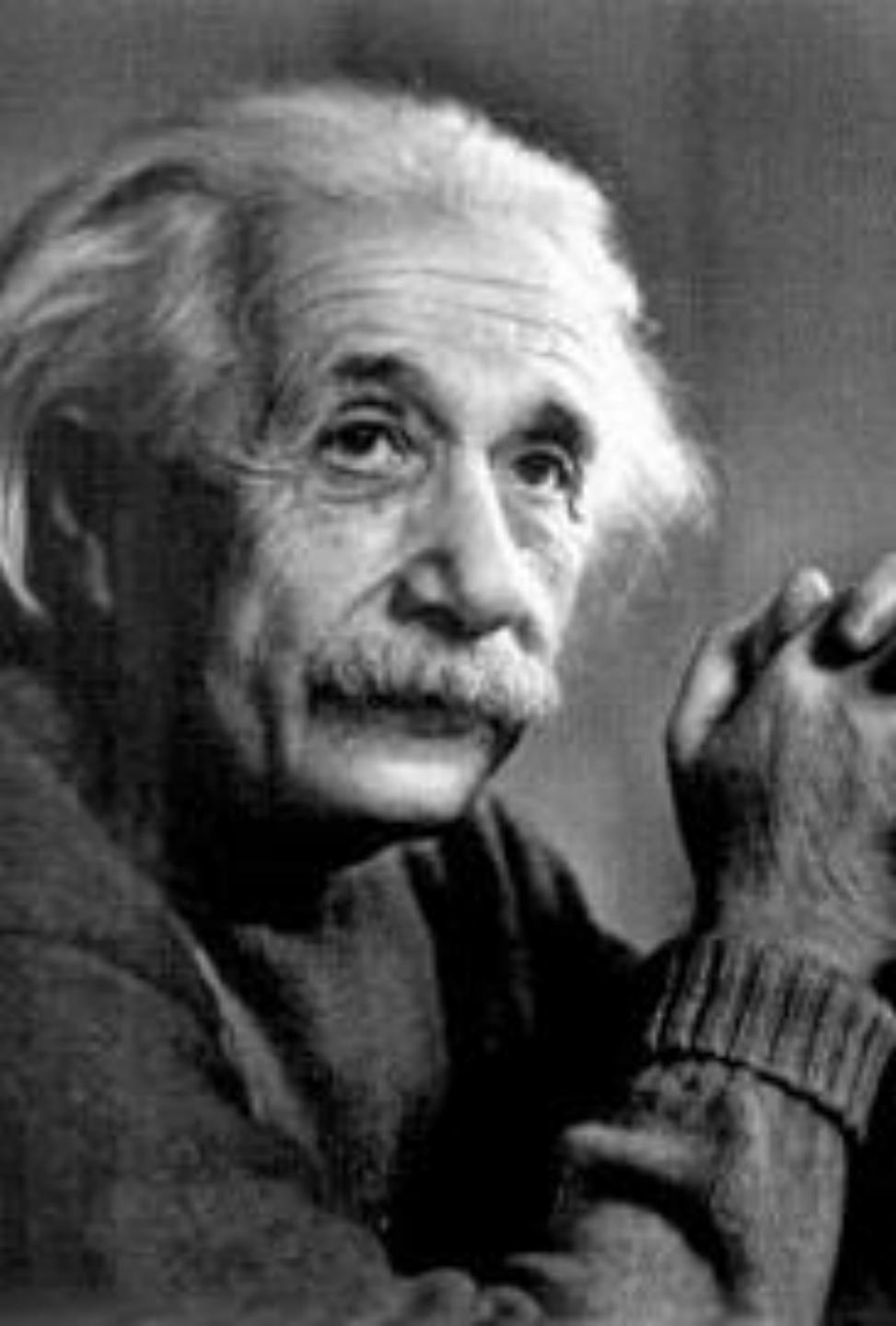
“the ability – the substantive freedom – of people to lead the lives they have reason to value and to enhance the real choices they have”



Unintended widening of
inequality gap

COVID-19, NCDs and the Social Determinants of Health





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.

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
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