Community Health (and Care) Partnerships and Health Inequalities: The influence of services on health

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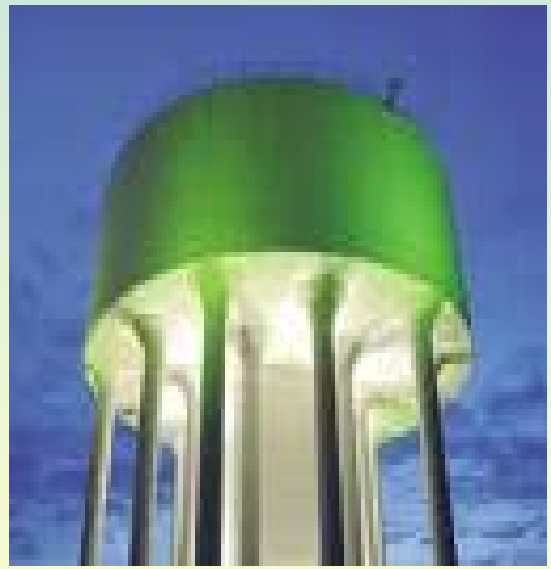

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Impact of the health service on health

- Heart disease and stroke are among the main preventable causes of death most likely to be helped by health care

- Mortality due to these and other preventable causes is falling across the population (*Grant et al, 2007, ISD)*

- Primary care work on coronary heart disease risk factors was 4 times more effective than secondary prevention *(Unal et al, 2005, BMJ)*

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The bad news

- Preventable deaths twice as high in 20% most deprived areas in Scotland than 20% least deprived (*Grant et al, 2007, ISD)*
- Better access and outcomes from primary care for more affluent eg heart failure (*McAlister et al, 2004, BMJ*), mental and functional health problems *(Stirling et al, 2001, BMJ)*
- Gender *(Doyal et al, 2003, EOC)* and ethnicity factors too *(Aspinall & Jacobson, 2003, LHO)*
- "DNA"s not followed up – too busy or too expensive for service *(me, 200…)*

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Not just primary care…

- People living in deprived areas have less access to decent, affordable food, transport and leisure facilities *(Social Justice Annual Report 2000)*

- Economic growth has led to increased income inequality between countries, within countries *(Perrons, 2005),* within West of Scotland *(LGF)* and within households *(Perrons, 2005)*

- Income inequality linked to social inequality and to health inequality

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Health policy aspiration

- Health inequality as an overarching aim
- CH/CPs as Community Planning Partnership lead for improving health 15% faster in 15% most deprived areas (health inequalities target)
- GG&C NHS Board corporate themes and social work objectives include service dimensions that might at least reduce disparities in service use eg access, focus on greatest need

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What can a CH/CP do?

- Interventions 0.4% of public health research *(Millward et al, 2003)*
- CHP Guidance for health improvement based on years of research and practice
- National policy for health inequalities confusing – 9 health and social policies, 16 definitions, 1 concurs with professionals *(Craig, 200…)*

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Three approaches

- Improving health assuming no impact of social risk factors
  - Social marketing, open access, same approach across population
- Improving health faster for people with poorest health (inequalities target)
  - Keep Well, specialist services
- Closing the gap
  - Political and global action

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CH/CPs and risk factors

- Social and individual risk factors for coronary heart disease
- Social risk factors the same for coronary heart disease as for mental health, eg social gradient
- CH/CP roles developing on risk factors: biomedical and social models
- Building better understanding and piloting ideas
  - homelessness and gender, different approaches to smoking cessation, breastfeeding, addictions

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Underpinning all approaches

- Knowledge of the population
- Health and social care needs assessment, including research evidence
- Clarity of approaches and goals
  - eg general improvement, targeted improvement, improve access or improve outcome

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Contribution of GCPH Programme

- Knowledge of population and CH/CP roles
- Keep up with inequalities research and apply to practice through Corporate Inequalities Team and CH/CPs
- Channel practice issues for CH/CPs and health inequalities back to local strategy, performance measurement and national policy development
- Practical level – use knowledge and understanding to develop indicators for CH/CPs on health and social inequalities.

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Discussion and feedback

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