The Role of the Health System in Reducing Health Inequity Forum
29th June 2016
REPORT (including links to presentations)

Never Stand Still | Medicine | Centre for Primary Health Care and Equity

There is a growing gap between the life expectancy of the most and least advantaged people in NSW. These unfair and potentially preventable differences place a heavy burden on the people affected, their families and the health system. What can the health system do to reduce these differences?

This **forum** brought together International thought leaders, local decision-makers, researchers and service providers to discuss the latest thinking on the role of the health system in reducing health inequity. There was also a Q&A session with Local Health District (LHD) Chief Executives on balancing acute services and population health needs with equity.

Introduction to the Speakers

SARAH SIMPSON has worked in the World Health Organisation (WHO) and across Europe addressing health equality through health systems, including developing the ground breaking report "*Putting our own House in Order: examples of health-system action on socially determined health inequalities*".

DON NUTBEAM was Head of Public Health in the UK Department of Health under Tony Blair. Between 2000 and 2003 he was responsible for leading policy development within the Department and across government on a range of complex and large-scale public health challenges including health equity policy.

TERESA ANDERSON, Chief Executive of the Sydney Local Health District, has a strong commitment to developing accessible and high quality services for the most marginalised people in her community with a special interest in Early Childhood. She was responsible for the establishment of the Health Equity Research and Development Unit in SLHD.

GERRY MARR Chief Executive of the South East Sydney Local Health District has previously worked in a senior position in the Scottish health system, which has taken equity seriously. His commitment to equity is reflected in recent launch of SESLHD's Equity Policy.

PETER SAINSBURY Director of Population Health in South West Sydney Local Health District. An advocate for a social view of health for decades, he will reflect on what he has learned about the role of the health system in reducing health inequity.

JULIE DIXON, Director of Population Health and Planning in SESLHD will outline the challenges in implementing an equity strategy in a local health district.

EVELYNE DE LEEUW, Director of CHETRE has worked with local, national and international government on five continents in framing, defining and implementing strategies for Healthy Cities. She will outline the important role of the health system in creating healthy environments.
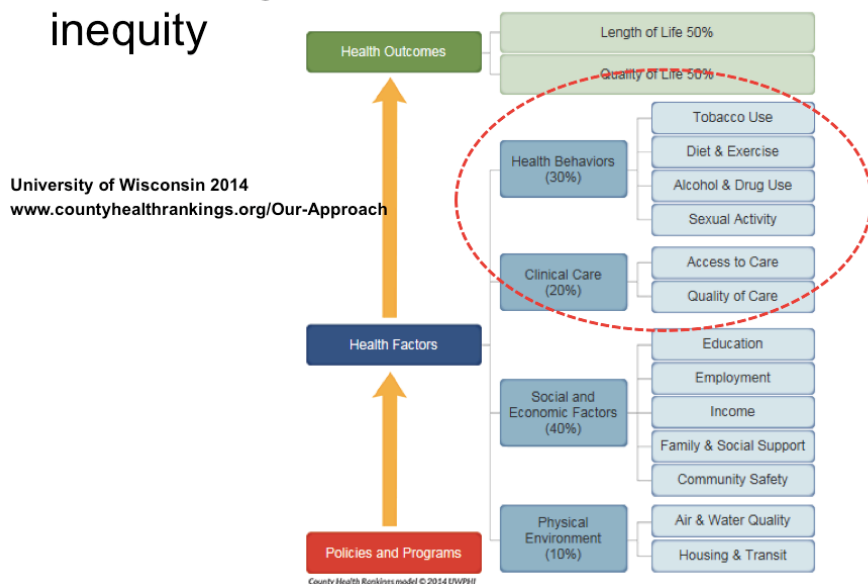
	FORUM PROGRAM	
9.00	Introductions and opening remarks Current thinking on the role of the health system in reducing health inequity - A/ Professor Marilyn Wise The UK Experience - Professor Don Nutbeam	Professor Mark Harris CPHCE, UNSW A/Prof Marilyn Wise Professor Don Nutbeam
10.00	Reflection- What is the Role of the Health System in reducing health inequity? - Professor Peter Sainsbury Discussion	Professor Peter Sainsbury
10.30	Morning tea	

11.00	Q&A - Balancing health system challenges and community need
	
	Panel: Dr Teresa Anderson
	      Mr Gerry Marr
	
	      Prof Don Nutbeam
		Dr Teresa Anderson
		
		Mr Gerry Marr
		
		Ms Marion Henry

12.00	SLHD Health Equity Research and Development Unit (HERDU) Access to health: Hospital in the Home - Ms Jude Page Focus on communities: Can Get Health in Canterbury - Dr Karen McPhail-Bell	A/Professor Elizabeth Harris - Director HERDU
12.30	International experiences in integrating equity in health systems	Sarah Simpson
1.00	lunch	
1.45	South East Sydney LHD Equity Strategy - Dr Julie Dixon	Dr Julie Dixon
2.15	Summary and close	Debbie Killian
2.30	Workshop Sessions	
1. Health Literacy: Profs Don Nutbeam and Mark Harris 2. Healthy Cities (creating environments for health): Prof Evelyn de Leeuw 3. Equity Focussed Health Impact Assessment: Dr Ben Harris-Roxas 4. Social Determinants of Aboriginal Health Mr George Long and A/Professor Marilyn Wise.		These 60 minute workshops were based on conversations with experts in the topic to discuss how these issues can be key strategies by health systems to reduce health inequity.
3.30	Afternoon tea	
3.45	Plenary/Discussion 4..30 Close	

Summary

As the gulf in life expectancy and quality grows between society's richest and poorest, is it enough for the health system to cry 'social determinants' without examining its own role in perpetuating disparities? This was the focus of a timely #healthelection16 week summit at UNSW's Centre for Primary Health Care and Equity (CPHCE) on Wednesday, titled *The Role of the Health System in Reducing Health Inequity.*
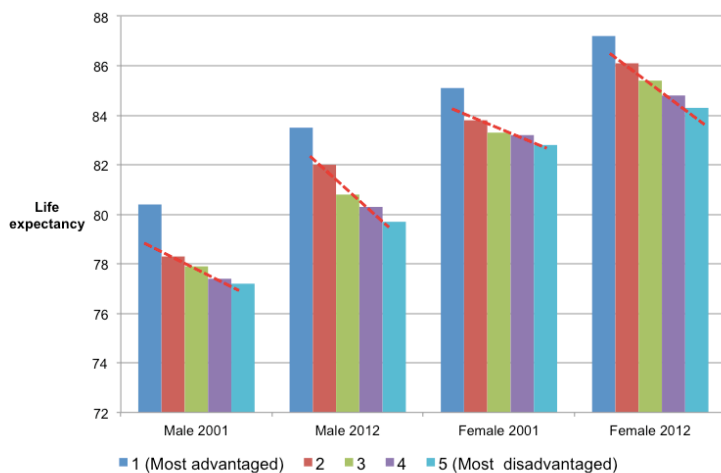
Bringing together local and global experts, the CPHCE forum explored the idea that the health system is, in and of itself, a social determinant, and has the power to effect change not only at the lobbying or policy level, but from within. "Traditionally, people have thought that inequity is caused by social things like employment, education, with little that the health system could do," explained CPHCE Associate Professor Elizabeth Harris. "But there's new research coming out which is showing that about 20% of it is to do with accessing good health care, and another 30% of it is behavioural risk factors – things like smoking. That's 50% of the difference coming from things that the health system has quite a lot of control over, or a mandate to do something about."
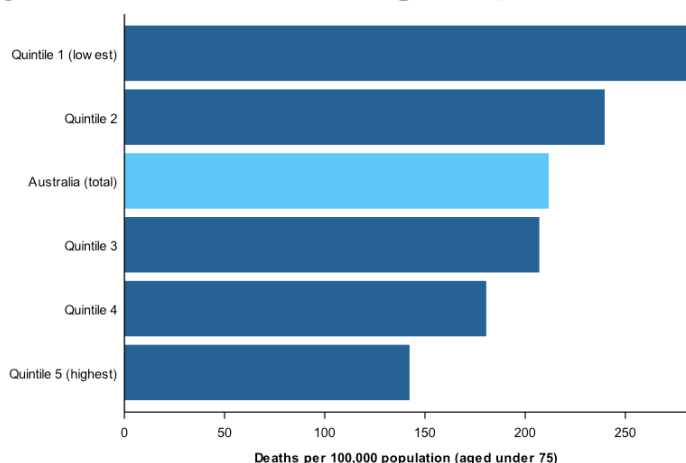

By falling short on access issues including location, appropriateness and affordability of services and health literacy, the forum examined how practitioners and policymakers contribute to a growing social gradient in health, where life expectancy and quality increases but the chasm grows between haves and have-nots.
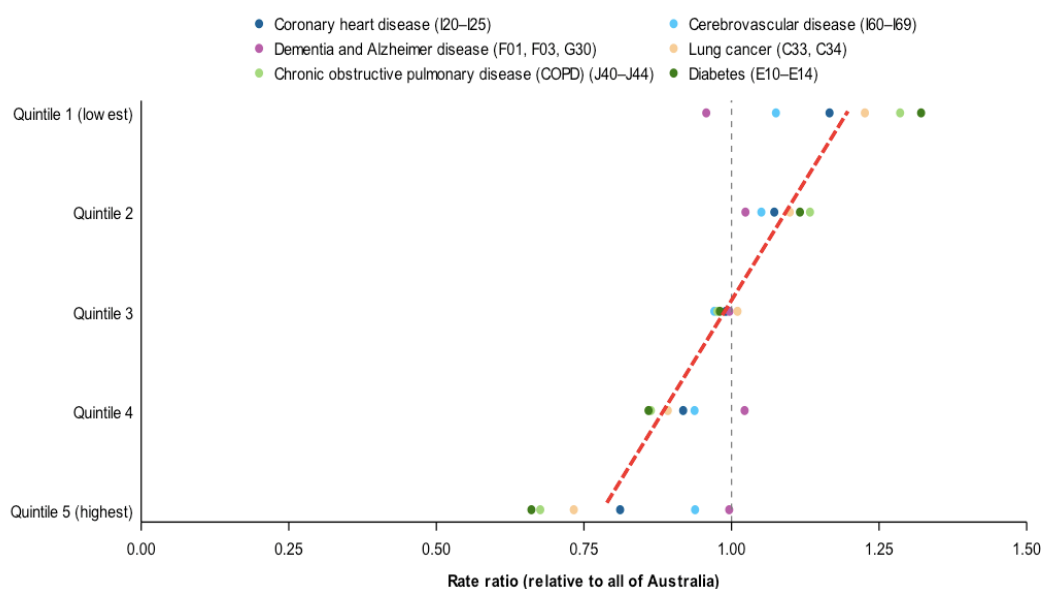
Premature deaths (aged under 75) by socioeconomic group 2009-2013

Deaths per 100,000 population (aged under 75)

- Quintile 1 (lowest)
- Quintile 2
- Australia (total)
- Quintile 3
- Quintile 4
- Quintile 5 (highest)

Preventable admissions

- Coronary heart disease (I20–I25)
- Dementia and Alzheimer disease (F01, F03, G30)
- Chronic obstructive pulmonary disease (COPD) (J40–J44)
- Cerebrovascular disease (I60–I69)
- Lung cancer (C33, C34)
- Diabetes (E10–E14)

Rate ratio (relative to all of Australia)

- Quintile 1 (lowest)
- Quintile 2
- Quintile 3
- Quintile 4
- Quintile 5 (highest)

Keynote speakers included Don Nutbeam, Tony Blair's head of public health from 2000-2003 and something of a global guru on health literacy and health promotion (most recently publishing a feasibility study on adult education and health literacy/inequalities in Australia).

Sarah Simpson, author of a landmark WHO paper on socially-determined health inequities *Putting Our Own House in Order*, spoke about her research in Europe on integrating equity into health systems.

Simpson's report called on the health sector to look to its own backyard when it comes to equity, and ask whether it is providing appropriate, accessible services that ameliorate and remedy health disadvantages due to poverty, poor living conditions and unemployment. Putting the windfall of reducing avoidable health disparities by just 10% at more than 100 billion euros, *Putting Our Own House in Order* explores success stories in Europe including a homeless health initiative in Austria, TB control within Romania's Roma community and health promotion among Spain's Navarre ethnic minorities.

Two programmes from the Sydney Local Health District – Hospital in the Home and Can Get Health Canterbury – shared their experiences at the forum. Elizabeth Harris hopes they will form the first in a series of local case studies on ways health providers are working to overcome systemic inequities. Looking at things like location and cost of services, opening hours, and linguistic and cultural diversity of staff were all small but essential steps to improving access and literacy.

Robust data on who was accessing health and who was missing out, equity-focused planning, and funding structures that rewarded connected, quality care and integrated services rather than activity alone were also vital. Within health workplaces themselves, employing and offering opportunities to Aboriginal and Torres Strait Islander people, workers with a mental or physical disability or those of a culturally and linguistically diverse background was important and meaningful.

Other steps to consider could include 'localism' strategies like ordering supplies from local companies to generate jobs and income; partnering with local schools and institutions on skill and capacity building; and including patients and staff in governance and ownership. "The health system can directly influence 50% of the determinants of life expectancy and quality of life, and the health system itself has an important role in addressing health inequity and is itself a social determinant of health," said Elizabeth Harris. "Life expectancy is improving for everyone but the gradient is becoming steeper, and one of the things that it's important to recognise is that we're all there somewhere, each of us is on that gradient, we're all losing life or gaining life related to socioeconomic status," she said. "It's not just the rich and the poor, every one of us has got an interest in having an equal society because that would make our health or our life expectancy or disability free years more equal."

Further information

This will link you to the full workshop report and video interviews with workshop presenters.

https://croakey.org/work-in-health-experts-urge-you-to-question-your-biases-and-to-challenge-unfairness-and-dont-forget-to-vote/

Links to all the presentations are available here

https://cphce.unsw.edu.au/news-events/news/2016/07/role-health-system-reducing-health-inequity-29062016