



# Socio Economic Determinants of Health

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Présidence belge du Conseil de l'Union européenne



# Institute of Public Health

- Working for better health across the island of Ireland through:
- Strengthening public health capacity
- Providing /interpreting information for public health
- Advising on policy



**Supporting action to address health inequalities.**

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# Health inequalities

- Health inequalities describe a variation in the health status between different groups within a population
- Health inequalities result primarily from social inequalities
- The effects of social processes on health follow the social gradient: the lower the socioeconomic position the more health is affected by the social determinants of health

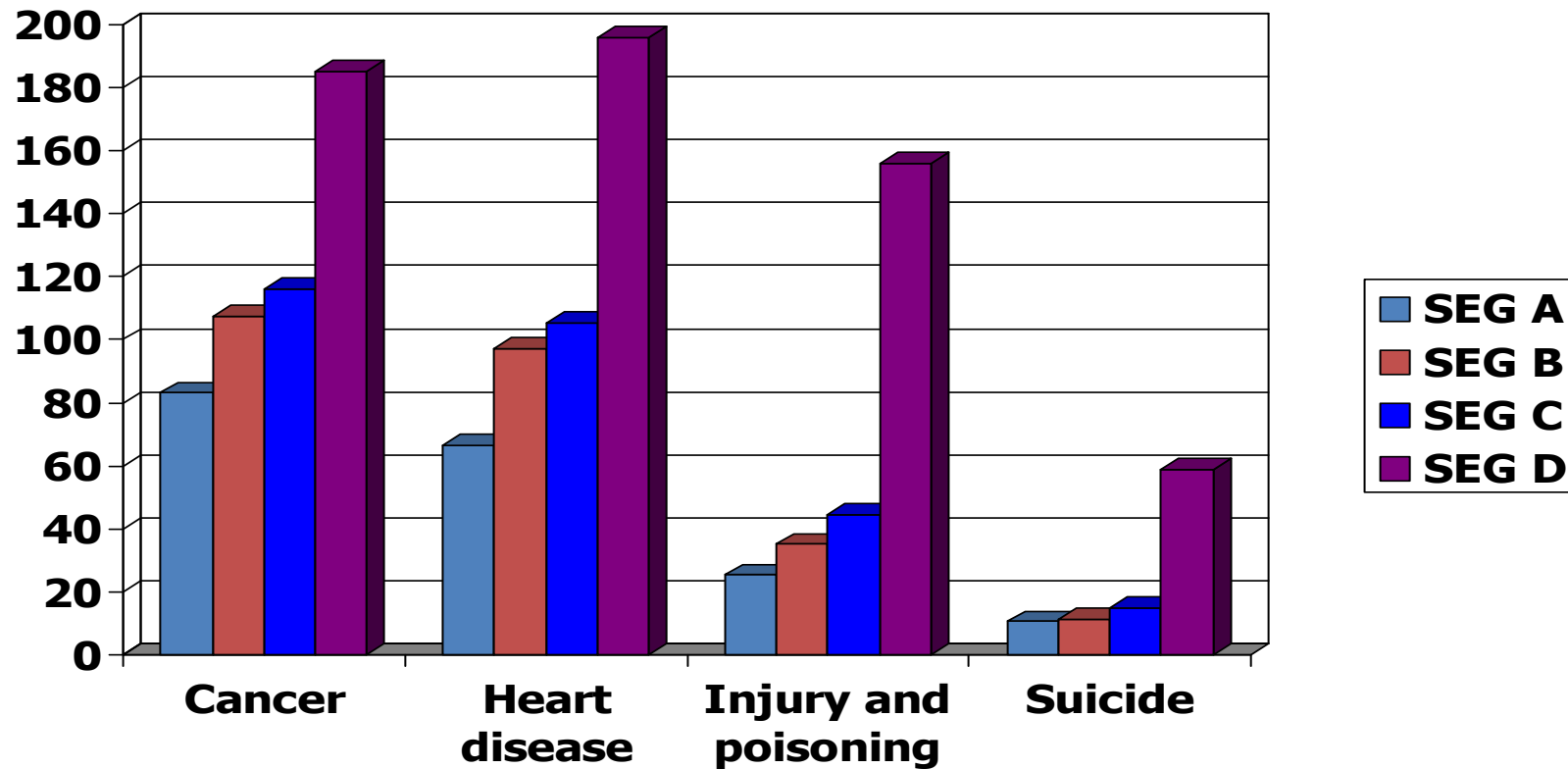
• Sir Michael Marmot, WHO CSDH



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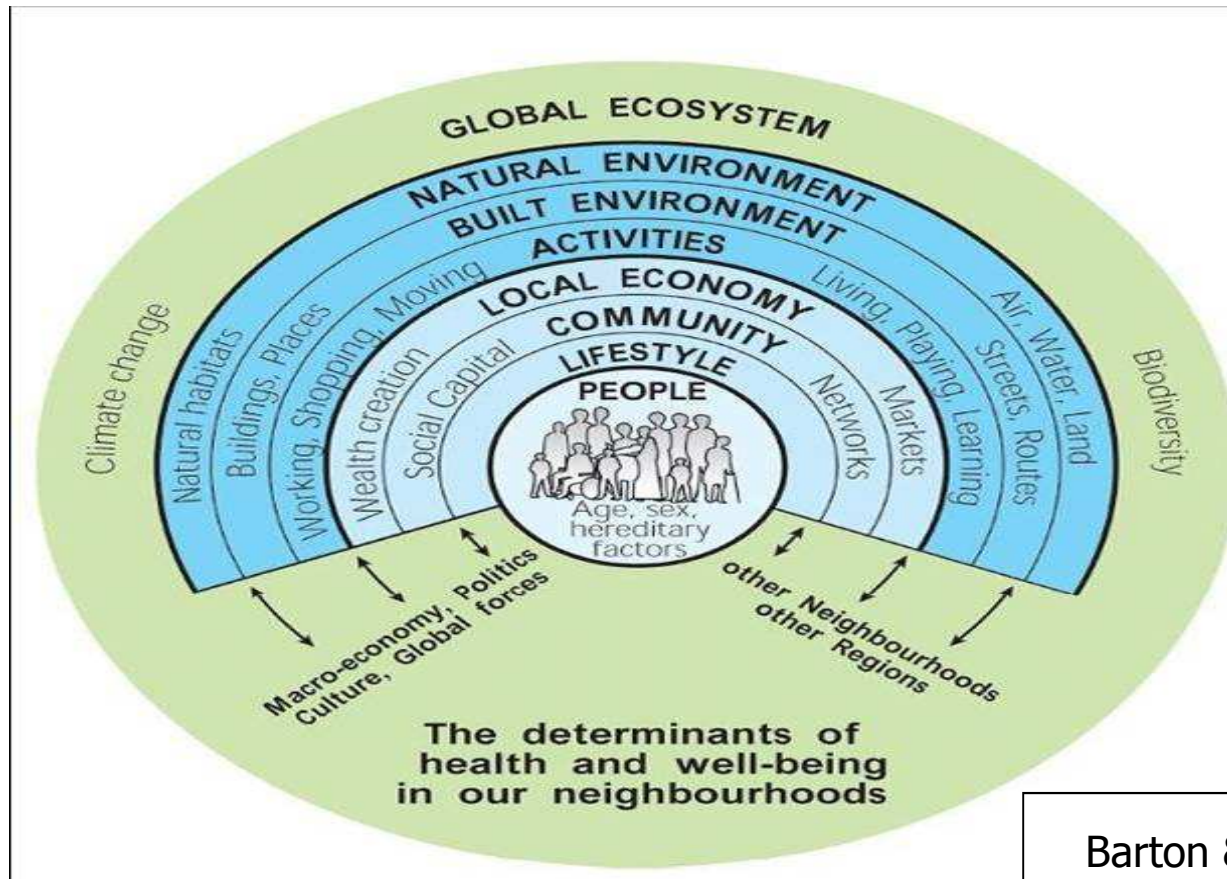
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# Health inequalities in Ireland



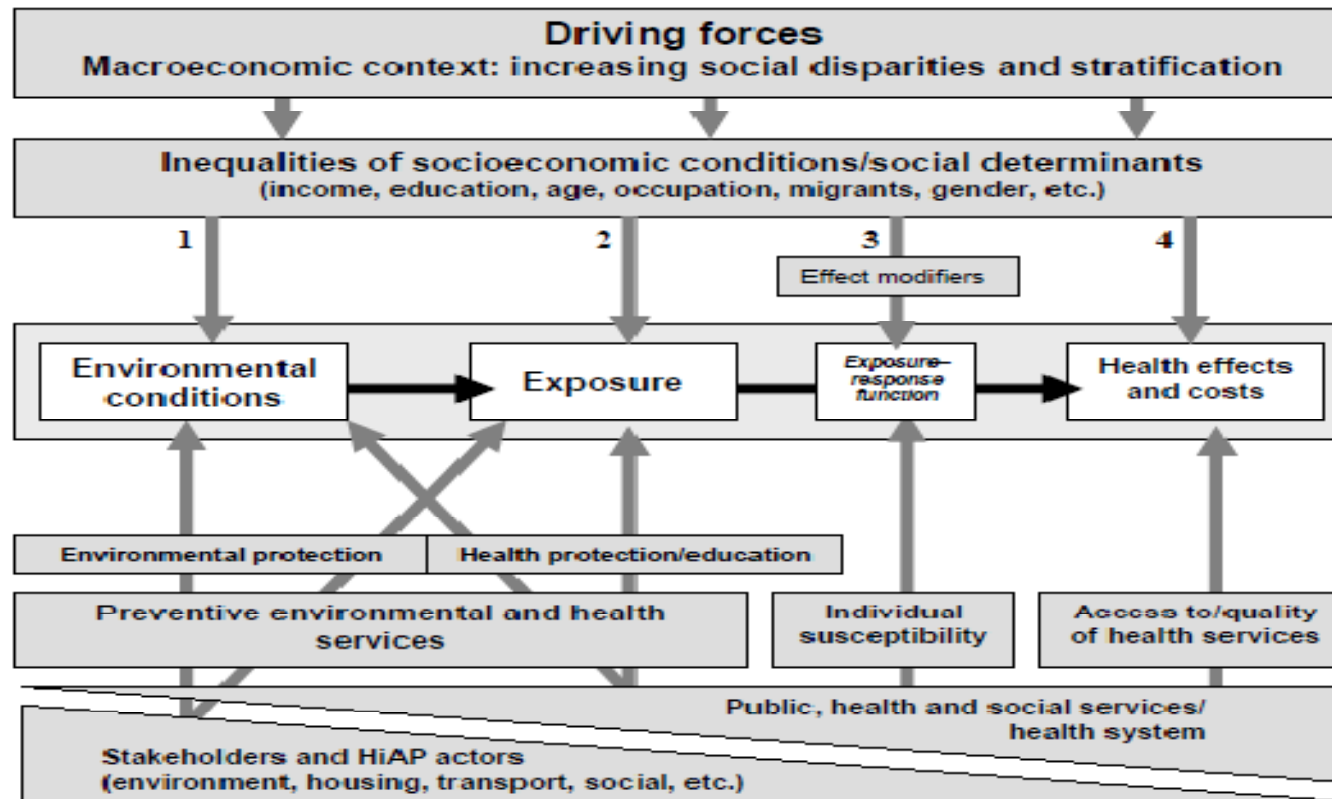
*Cause of death in working age males by social class, Ireland 1989-1998*

# Health is largely determined by factors outside remit of health sector (SDH)



Barton & Grant 2005

# WHO Europe: Social inequalities in environmental health risks



# Health impacts of the built environment

Health Impacts of the Built Environment  
a review



Prepared by  
Teresa Lavin  
Claire Higgins  
CARM McOLINE  
Angela Jordan

Institute of Public Health in Ireland  
July 2006



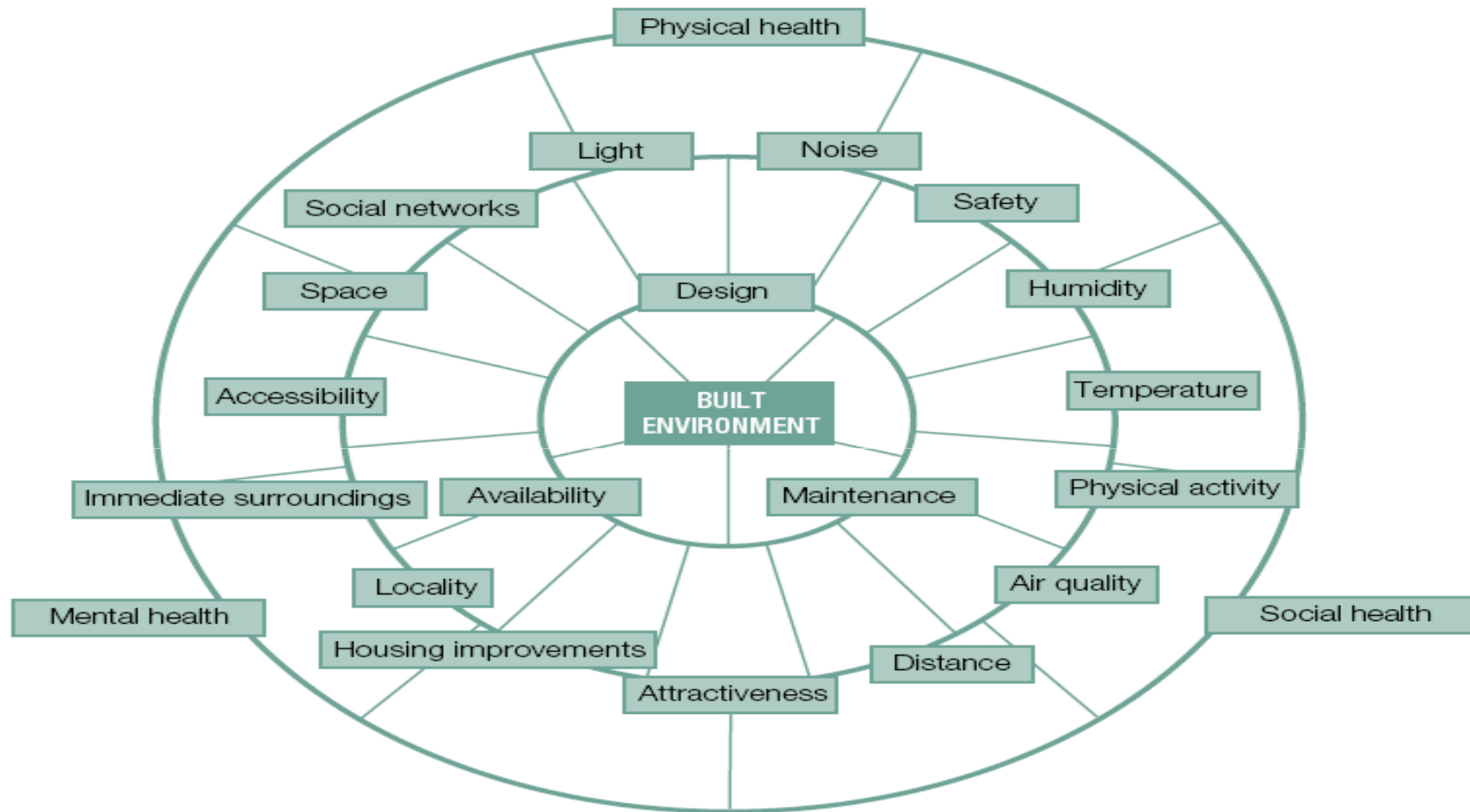
- Buildings – focus on housing
- Public spaces – including parks
- Networks



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Higgins, Lavin & Metcalfe 2006



# Health benefits of physical activity

- Can help to prevent and manage many life-threatening illnesses including heart disease, diabetes and cancer
- Improves musculoskeletal health and reduces the risk of osteoporosis, back pain and osteoarthritis
- Improves mental health and reduces the risk of depression, anxiety and low self-esteem
- The best way to be physically active is to incorporate it into our everyday lives
- BUT physical activity is being engineered out of our everyday lives





# Car dependency

'Those living in sprawling counties are more likely to walk less, weigh more and have a greater prevalence of hypertension than those living in compact counties.'

- Ewing et al AJPH 2003

'Each additional hour spent in a car associated with 6% increase in the likelihood of obesity.'

- Frank et al AJPM 2004

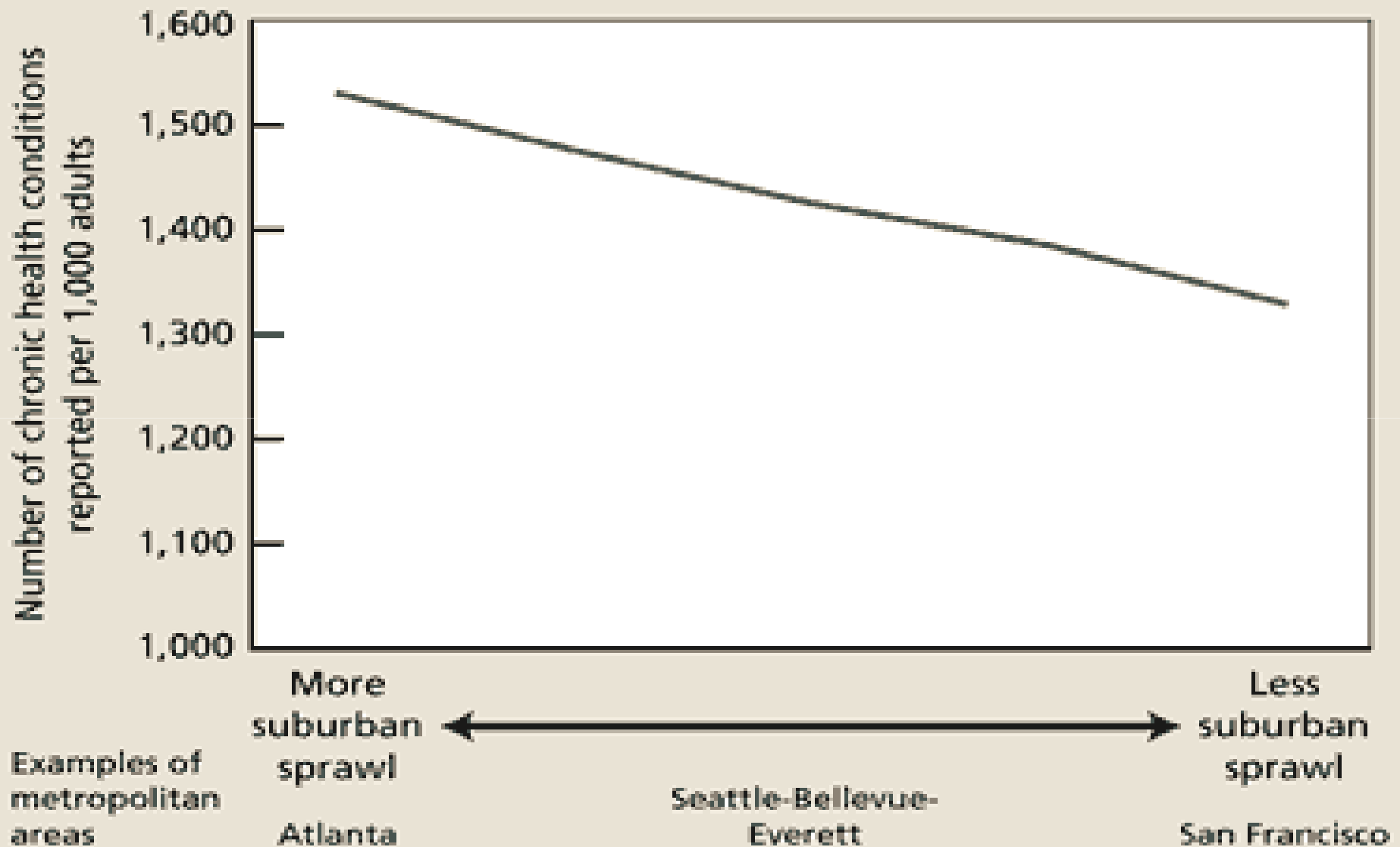


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## The Greater the Sprawl, the Greater the Number of Chronic Health Conditions



SOURCE: "Suburban Sprawl and Physical and Mental Health," 2004.



# Green space

- 'The likelihood of being physically active is up to three times higher in residential areas that contain higher levels of greenery and the likelihood of being overweight or obese may be up to 40% less'
- 'For every 10% increase in green space there was a reduction in health complaints equivalent to a reduction of five years of age'

# Strategic review of health inequalities (2010)

- Action on health inequalities requires action across the social determinants of health
- 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 a healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill-health prevention



# Key planning & development issues

- Economic growth
- Population & housing
- Landuse & transport integration
- Water services
- Energy
- Utilities
- Climate change & protecting natural heritage
- Inter-regional connections
- Flood risk





## The Thesis

- Investing in (the social determinants of) health is cost effective

## The Aspiration

- To find economic evaluations that costed policies and measured returns in health and economic outcomes and made a contribution to tackling health inequalities



## A hypothetical economic evaluation

- Spend €10 million insulating public housing stock
- Health benefit – less respiratory disease, less fuel poverty, less winter deaths
- Economic benefit – costed at €50 million to include reduced fuel costs, increased productivity and less healthcare costs
- Return on investment – 5:1



# WP 5 - Task 2 data collection

## Economic analysis

### Examples

- Identify economic evaluations conducted on relevant\* policy
  - Did the evaluation include costs and benefits to health?
  - Did the evaluation include costs and benefits for different population groups?

### Arguments

- What kinds of economic arguments are being used?
  - By who? For who?
- If no or limited activity in this area why do you think this is so?
- Suggestions for future action

\*Policy addressing SDHI, health promotion policy not healthcare policy



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# Examples of economic evaluations

- Public health policy (personal behaviours) – smoking, alcohol, physical activity, diet. Norway, EU
- Public health policy (disease oriented) – obesity, suicide. Northern Ireland, EU
- Non-health policy (social and environmental determinants) - transport, housing, education. Scotland, Slovenia





# Influencing Factors

- Acceptability of using an economic argument
- Availability of personnel, data, techniques
- Government policy on social determinants and health inequalities
- Regulatory framework for economic evaluations



# Suggestions for future action

- Better dissemination of current knowledge
- Establish common approaches and methodologies to undertaking economic analysis that incorporate health and health equity
- Where practical these should be incorporated into existing frameworks



# Suggestions for future action

- Health ministries should play a leadership role in working to achieve greater permeability across systems
- This action should be supported by Finance ministries
- Economic analyses should include as broad a number of stakeholders as possible, particularly those directly affected, to ensure that all possible effects are taken into account

# Making the healthy choice the easy choice

“It is unreasonable to expect people to change their behaviours when the environment discourages such changes”

Schmid 1995



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