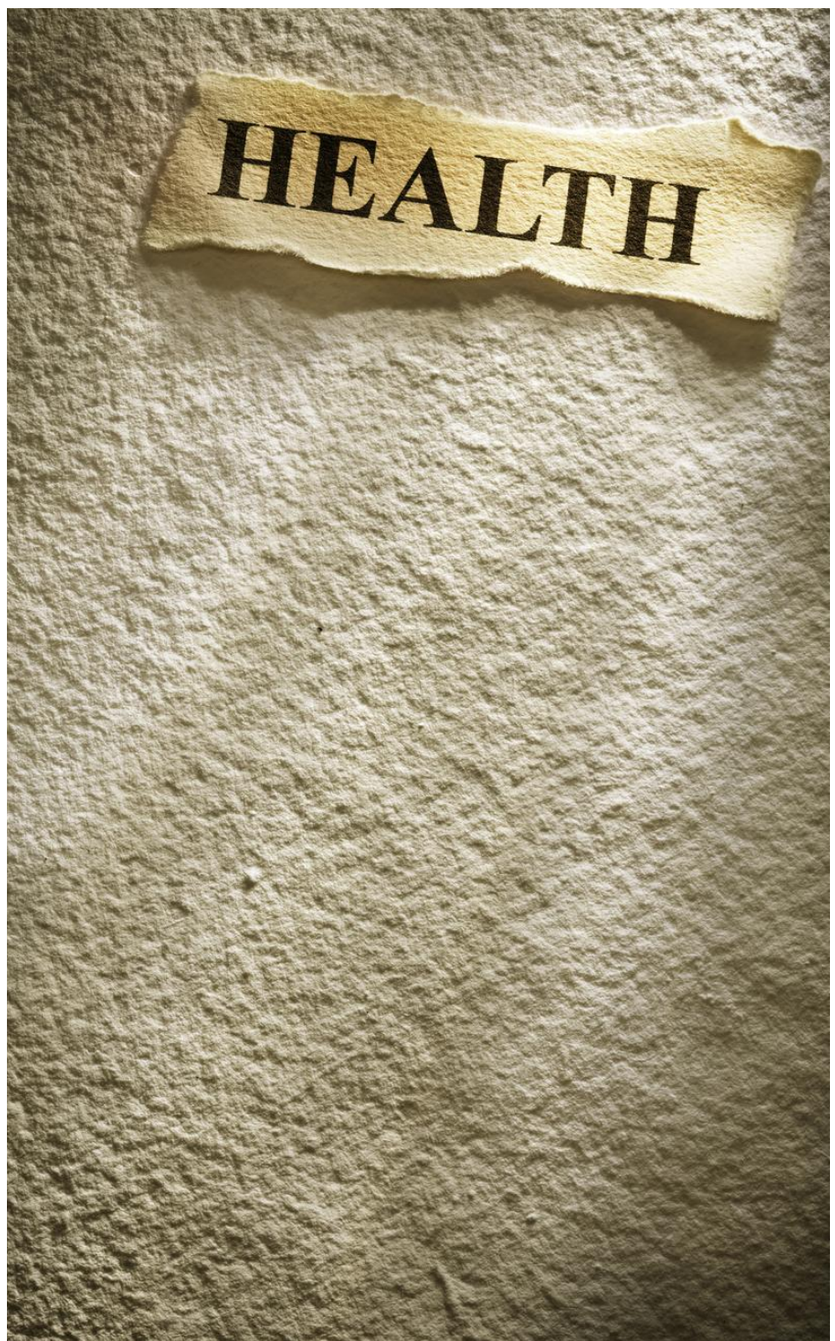
VIRTUAL OUTCOMES

Health Champion Course

MODULE 1

HEALTH INEQUALITY



WELCOME

This course delivers the Royal Society for Public Health level 2 Award in Understanding Health Improvement and, will help you understand the role that you and the rest of the pharmacy team can play in promoting the health and well-being of your customers.

It will also enable you, as the Healthy living champion, to signpost further practical support and help them attain a healthier lifestyle toward preventing chronic diseases such as diabetes in the future.

The course will also cover examples of health inequalities within the UK, possible causes and current approaches to tackle these successfully.

We will also look at how effective communication is really important to support health messages and understand the impact that a person's behaviour change can have on improving their health.

WHAT IS MEANT BY HEALTH?

The formal definition according to the World Health Organisation is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

WHAT'S IMPORTANT ABOUT THIS STATEMENT?

We need to understand that health is NOT one dimensional but encompasses lots of different aspects, such as:

- Physical health which is not about being ill but fit
- Emotional health like expressing feelings and having healthy relationships
- Social health is all about having a network of friends and family
- Spiritual health which includes moral and/or religious beliefs
- Sexual health where you can freely express your sexuality

WHAT IS HEALTH INEQUALITY?

The World Health Organisation (WHO) defines Health inequalities as the differences in health status or in the distribution of health determinants between different population groups.

A current example of this is people living in the least deprived part of England live around 20 years longer in good health than people in the most deprived areas.

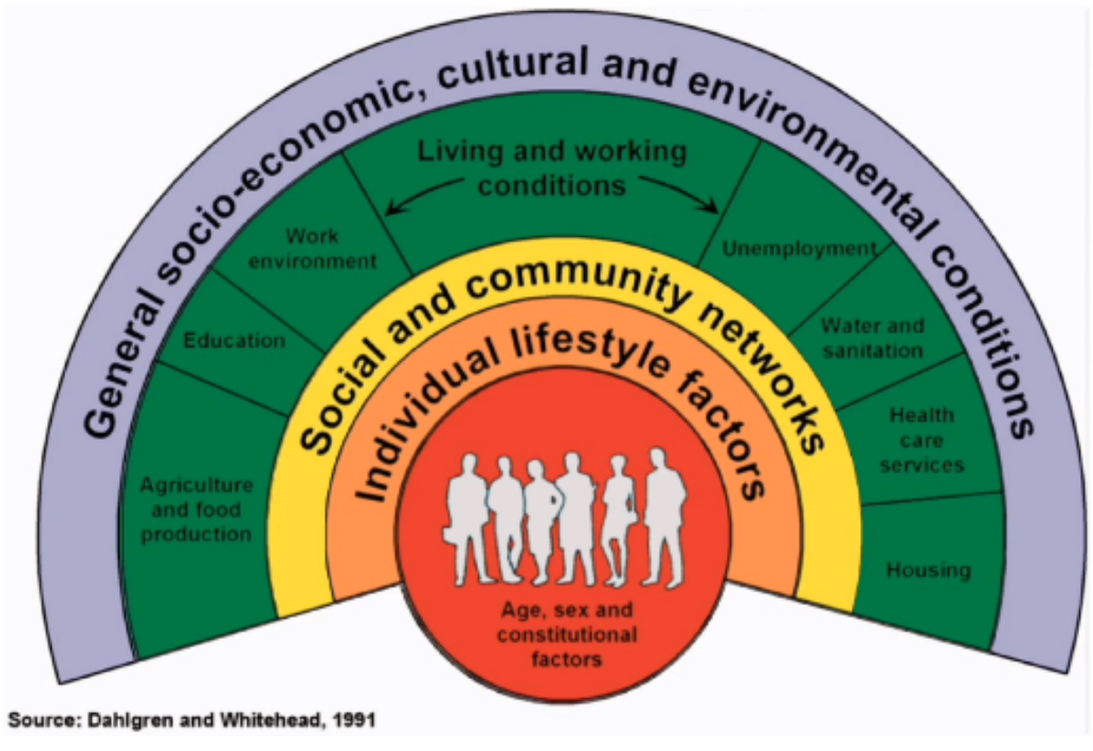
FACTORS IMPACTING OUR HEALTH & WELL-BEING

The health and well-being of individuals and populations are influenced by a range of factors both within and outside the individual's control.

The Dahlgren and Whitehead Framework identifies how a range of factors influence health.

Whilst some are fixed, e.g. age, sex and genes, other potentially modifiable factors are expressed as a series of influencing layers which includes personal lifestyle.

One model that captures these factors is the **Dahlgren and Whitehead Framework**



Source: Dahlgren and Whitehead, 1991

PRACTICAL TASK

WHAT DO YOU THINK THE KEY FACTORS ARE?

Write down all the factors you can think of that could lead to health inequalities. Once you have done this, continue the training and compare your answers to the ones in the module to see how well you did.

INCOME AND SOCIAL STATUS

These are the most important factors as there is a clear relationship between wealth and health which also determines the neighbourhoods where people live, the schools their children attend, and the jobs they choose.

All of these, in turn, influences their health related behaviours, their risk of getting ill and the quality of healthcare that they receive.

Examples of this could include the choices of food people buy as foods high in sugar and fat are 20% more likely to be on offer in supermarkets. If your income is limited, you will choose this option rather than healthy food which tends to cost more.

You are likely to live around 7 years longer If you have a professional job e.g. accountant rather than if you are an unskilled manual worker.

> The difference between rich and poor is becoming more extreme, and as income inequality widens the wealth gap in major nations, education, health and social mobility are threatened
>
> Helena D. Gayle

SOCIAL RELATIONSHIPS, NORMS AND NETWORKS

Having a strong network of friends and family can have an impact on the development and recovery from health problems. It can influence whether people take up and maintain unhealthy behaviours such as smoking.

DID YOU KNOW?

Loneliness is the same as smoking 15 cigarettes a day,

Women live on average 4 years longer than men and also more likely to report an illness to their GP.

AGE

Age also plays a part as people get older they become more susceptible to disease and disability. Some of the risk factors include:

- falls
- poverty
- social isolation
- malnutrition

EDUCATION AND EMPLOYMENT

The higher a person's level of education and literacy, the better their overall health status.

This ties in with having job security and a good working environment which also helps increase someone's health and well-being.

On the flip side, job loss and unemployment are often associated with negative health effects.

At the same time, the kind of work you do can also affect health as some jobs carry a higher risk of accidents, such as manual labour

ETHNICITY

Ethnicity can influence what diseases people may get. Some examples include:

- Afro- Caribbean, black African or south Asian people are 2 to 6 times more likely to get diabetes.
- African and South Asian people also have higher mortality from High Blood pressure (hypertension) and strokes.

There also may be difficulty accessing services due to language barriers or cultural taboos, like collecting stool samples for Bowel cancer screening.

GENDER

There are differences in life expectancy and patterns of illness between male and females. On average, women live longer than men.

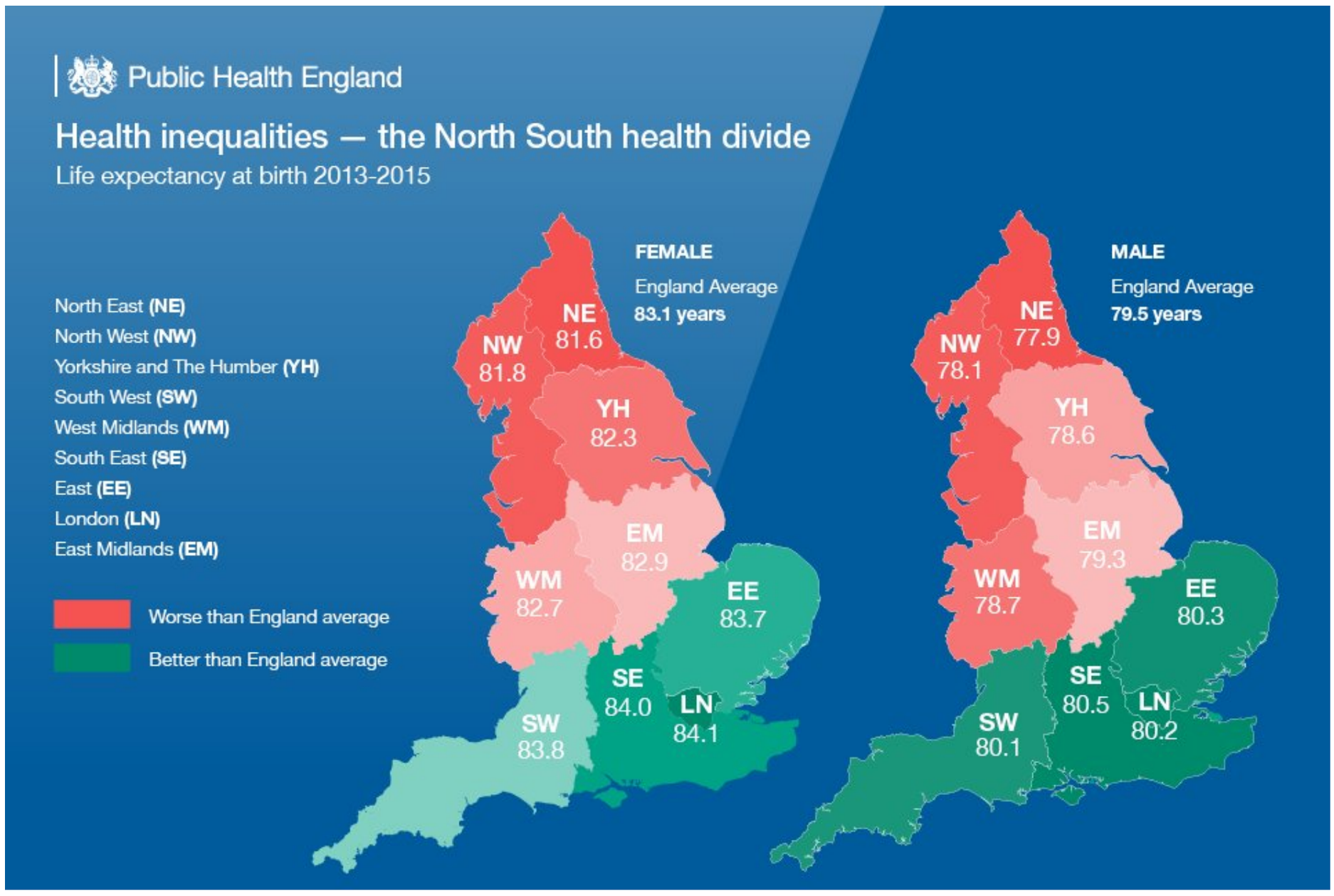
GENETICS

Much like ethnicity, genetics can also influence whether an individual gets a specific disease or illness.

PHYSICAL ENVIRONMENT

The quality of the environment people live in can influence their health. A good example is people who live in cold, damp houses are more likely to have respiratory illnesses and infections. More elderly people living in these conditions may suffer from more falls due to being cold.

Where you live in a country can also influence your health. For example, in the UK there is a North/South divide. Those living in the North are 20% more likely to die early (under the age of 75) compared to the south. If you are a woman living in Manchester, your average healthy life expectancy is a mere 54.4 years whereas if you lived in Richmond on Thames it is 72.2.

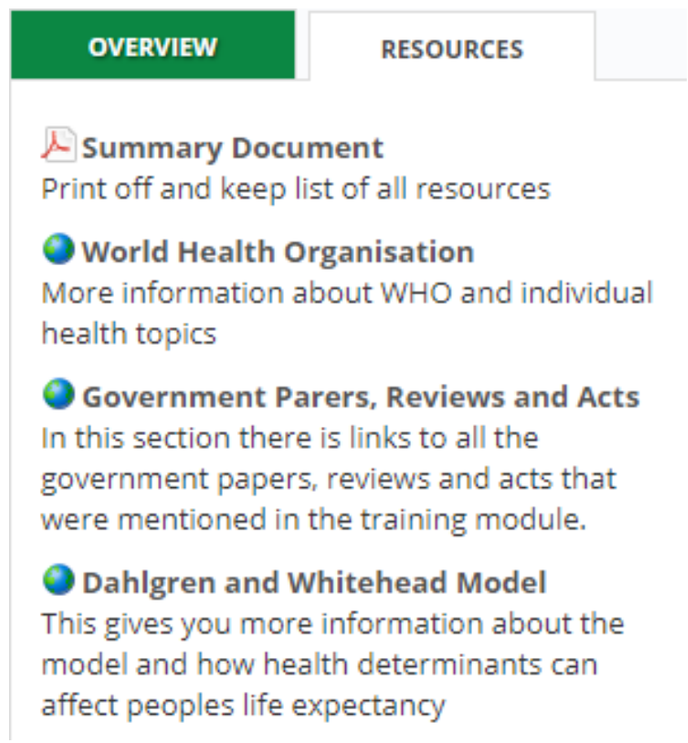


ADDRESSING THE ISSUE OF HEALTH INEQUALITY

The Government's aim is to reduce health inequalities across the country so that all populations have an opportunity to make the right choices. They do this in a number of ways, including:

- Producing policies to address the underlying causes of health inequalities
- Setting National Public Service Agreements (PSAs) on health inequality targets and
- Using the National Conversation on Health Inequalities (NCHI) programme run by Public Health England to get local authorities to talk about health inequalities in their communities

If you want more information about any of these, there are links on the Resources Tab on the right-hand side of your screen when doing the course.



JOINT STRATEGIC NEEDS ASSESSMENT

We start by looking at the Joint Strategic Needs Assessment (JSNA).

This analyses the current and future health and social care needs of local populations to inform and guide the planning and commissioning (buying) of health, well-being and social care services within a local authority area.

The main goal is to accurately assess the health needs of a local population in order to improve the physical and mental health of individuals and communities.

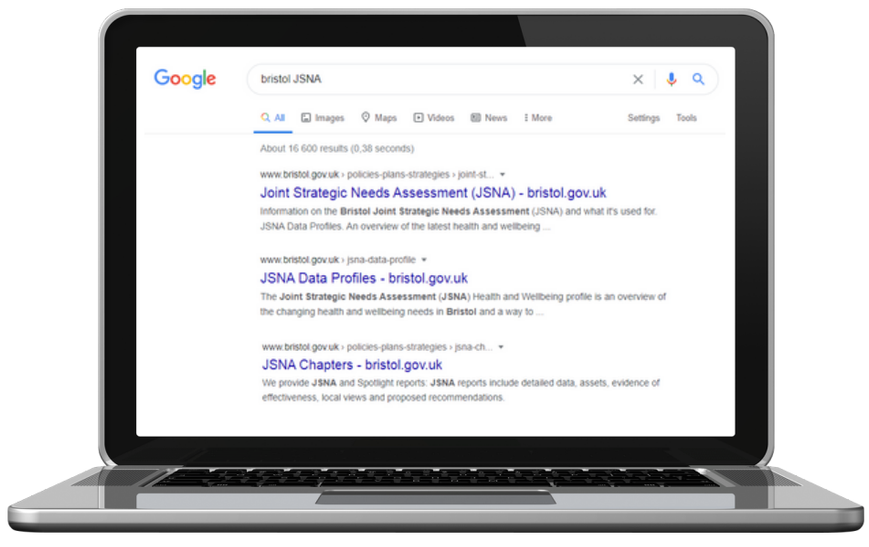
Clinical Commissioning groups (CCG's) and local authorities must update a JSNA annually.

The JSNA will look at things such as employment, housing, poverty, smoking levels, obesity, exercise and assess any gaps that exist in the health and care services as well as any health inequalities.

TRY THIS NOW

If you want to look at your local JSNA, you can download it and we suggest that you do the following:

In a search engine, enter your location first followed by the abbreviation JSNA. For example, your local area, i.e. Bristol JSNA



The Joint Health and well-being strategy or (JHWSs) are the strategies that are put in place to meet the needs identified in the JSNA.

They should explain what priorities the local health and well-being board has set locally in order to tackle the needs identified in their JSNA.

HEALTH PROFILES

Health profiles provide a snapshot of health and well-being for each local authority in England. They can be downloaded by county as well as district.

These health profiles provide summary information to help highlight issues on health and the factors affecting health in each local authority.

They can be used for the following:

- empower the community
- develop local policies
- compare data in different areas as they provide consistent, balanced and concise information
- local government and health services can use it to reduce health inequalities

PRACTICAL TASK EXAMPLE

During training, in the resources section is a link to all the health profiles. At this point, you can pause the video, click on the link, enter your local area in the box and click on search.

Here are the questions you need to answer:

1. What is the difference in life expectancy between men and women in your local area?
2. How many children were classed as obese?
3. What are the local priorities for your area?

The information you collect will help you plan a health campaign in your pharmacy specific to your area and community.

Compare your area health profile with one from another part of the country and see the differences.

THE MARMOT 'FAIR SOCIETY, HEALTHY LIVES' REVIEW

Professor Sir Michael Marmot was asked by the Government to chair an independent review to propose the most effective evidence-based strategies for reducing health inequalities in England.

The final report 'Fair Society, Healthy Lives', more commonly known as the Marmot review, was published in 2010.

Amongst the conclusions was the fact that many people in England were dying prematurely each year from preventable health inequalities and that there was a social gradient of health.

What Marmott meant by this is that the lower a person's social and economic position the worse his or her health, and those living in the poorest areas of the country spent more time living with a disability.

Marmot also recognised that focusing solely on the most disadvantaged population would not reduce health inequalities sufficiently and therefore any strategies needed to be implemented across the whole of society.

From the review, Marmot concluded that reducing health inequalities would require an evidence-based strategy to address the social determinants of health, the conditions in which people are born, grow, live, work and age and which can lead to health inequalities.

> Health inequalities and the social determinants of health are not a footnote to the determinants of health. They are the main issue.
>
> Professor Sir Michael Marmot

WHAT WERE THE POLICIES?

Marmot proposed 6 policy objectives and that they needed to start from birth and continue through a person's life. They are as follows:

1. Give every child the best start in life
2. Enable all children, young people and adults to maximize their capabilities and have control over their lives
3. Create fair employment and good work for all
4. Ensure a healthy standard of living for all
5. Create and develop healthy and sustainable places and communities
6. Strengthen the role and impact of ill-health prevention

HOW PUBLIC HEALTH ENGLAND CAME INTO BEING

Following Marmot's review, the Government produced the Healthy Lives, Healthy People report which sets out their strategy to improve public health.

It was all about empowering people to make healthier choices and giving communities the tools to address their own specific needs.

There are 5 aims:

- Seizing opportunities for better health
- A radical new approach to reducing health inequalities
- Health and well-being throughout life
- A new public health with local strong leadership
- Making it happen

As part of this review a dedicated new public health service – Public Health England came into being.

Public Health England's main aim is to improve the nation's health and reduce health inequalities, by supporting the government, local authorities and the NHS to improve public health.

They do this in a number ways including research, by monitoring and analysing improvements in public health to plan next steps and by preparing for health emergencies

PRACTICAL TASK

Can you think of any examples of what Public Health England (PHE) have achieved over the past years?

WHAT HAS PHE ACHIEVED?

Your list may have included the following:

- PHE made a significant contribution to the Ebola outbreak and screened 14,000 passengers arriving from West Africa into the UK
- Launched One YOU aimed at guidance to middle aged adults
- Delivers Stoptober annually
- Published an independent review on e-cigarettes which has influenced thinking world wide
- Worked with NHS England to deliver the flu vaccine to all children in year 1 and 2 in addition to 2 to 4 year olds

MAIN AIM OF PUBLIC HEALTH ENGLAND (PHE)

ACHIEVING HEALTH PRIORITIES

Achieving local health priorities is supported by 9 PHE centres across England and each of these will help deliver both local and national strategies to their local population.

These centres are:

- London
- West Midlands
- East Midlands
- South East
- North East
- South West
- North West
- East of England
- Yorkshire and Humber

PHE are working on a vast number of projects including:

- Developing a cross-sector plan in the NORTH WEST tackling high blood pressure
- Working across LONDON to support a citywide approach to reduce childhood obesity
- Reducing the availability of illicit tobacco in the SOUTH EAST
- A partnership in EAST OF ENGLAND is working on improving quality of care with the area's clinical senate
- Promoting public mental well-being and prevention of mental health issues in the SOUTH WEST

THE PUBLIC HEALTH OUTCOMES FRAMEWORK

In the 2010 Healthy Lives, Healthy people paper the Government promised they would produce a number of policies setting out more detail on the new public health system and the public health outcomes framework forms part of this.

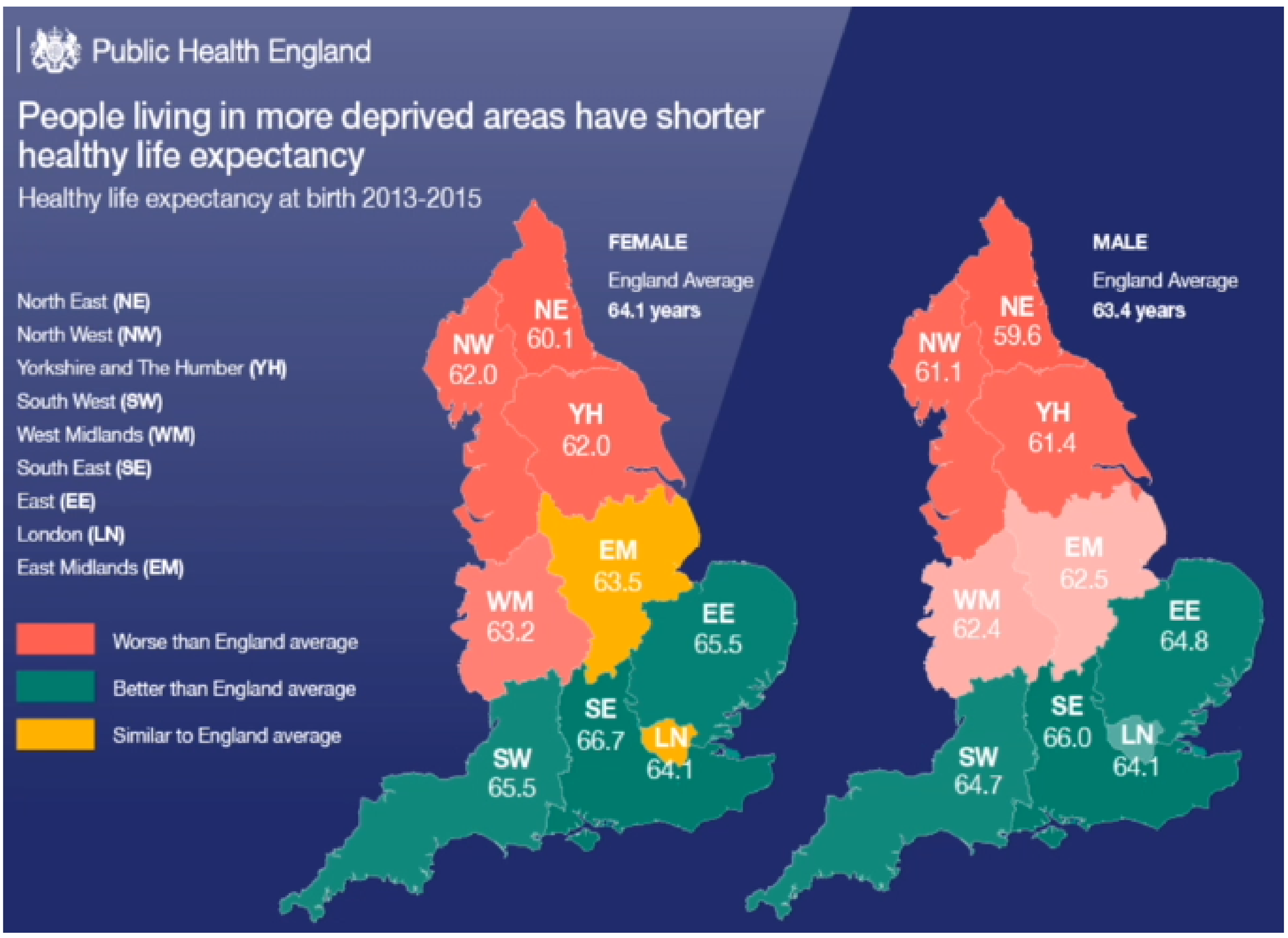
The framework focuses on two outcomes:

1. Increased life expectancy
2. Reduced differences in life expectancy and healthy life expectancy between communities

WHAT IS LIFE EXPECTANCY?

This is a measure of how many years an individual of a certain age is predicted to live without a disability. This measure also takes into account the quality of life and therefore reflects more accurately the fact that people do not live all their lives in perfect health.

As you can see from the map below there is a clear North / South divide for both men and women.



The other common term you may come across is the Disability Adjusted Life Year, or DALY. This is the opposite of a health year where it's thought of as one lost year of healthy life due to death or being sick i.e. disability.

By making a health intervention we can potentially prevent the loss of one year of productive healthy life, ie we have stopped one DALY.

THE 2012 HEALTH AND SOCIAL CARE ACT

The 2012 Health and Social Care Act introduced the first legal duties about health inequalities.

It required the Dept of Health, PHE, Clinical Commissioning groups and NHS England to give due regard to reducing health inequalities between the people of England.

Put simply – it placed inequalities at the heart of the NHS. The Act put clinicians in charge of shaping services with the following key duties and responsibilities:

Promote integration of healthcare services with health and social care

Ensure the public is involved in the planning or any changes to the commissioning of services

Ensure that the NHS commissioning board rewarded the delivery of high quality and successful healthcare services by CCGs

"To know even one life has breathed easier because you have lived. This is to have succeeded!"

RALPH WALDO EMERSON

THE NHS 5 YEAR PLAN

In 2014 the NHS 5 year plan was published and this sets out a clear direction for the NHS for the next 5 years. It was a radical upgrade in prevention and public health with the following key aims or objectives:

OBJECTIVE #1

To radically upgrade prevention i.e. to help people to live healthier lives so that they don't get ill.

OBJECTIVE #2

To reduce the barriers between how care is provided between GPs and hospitals, between physical and mental health and between health and social care.

Also recognising that England is too diverse for a one size fits all model.

OBJECTIVE #3

To improve NHS efficiency and using the money it has more effectively.

It advocates for new workplace incentives to promote employee health, cut sickness related unemployment and also increased public health related powers for local government and elected mayors.

OBJECTIVE #4

To give individuals greater control of their healthcare and treatment choices as they will be more engaged with their health.

OBJECTIVE #5

To Support research and innovation in the NHS

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

The National Institute for Health and Care Excellence (NICE) is an independent organisation that provides national guidelines, and advice to improve people's health and social care.

NICE gives recommendations to the NHS, local authorities and other organisations, in the public, private, voluntary and community sectors.

NICE aims to improve outcomes for people using NHS and public health and social care services by:

- producing evidence-based guidance and advice
- developing quality standards for those providing and commissioning health and social care services
- weighing up costs and benefits of treatments
- It is internationally recognised for its excellence

NICE also produce Clinical knowledge summaries on over 350 topics. The topics focus on the most common and significant presentations in primary care for GPs, pharmacists and nurses.

They are continually reviewed to ensure all the information is up to date. Topics range from smoking, self-harm, Chicken pox and Teething to Lyme disease and Whooping cough.

TRY THIS NOW

The link to these summaries will be available in the Resources page on the right hand side of your screen during training.

If you want, visit nice.org.uk now and have a look at some of them.

FIT FOR FUTURE – PUBLIC HEALTH PEOPLE

A Review Of The Public Health Workforce

Published by Public Health England (PHE) in 2016, it looked at the public health workforce and acknowledged that the challenges to public health have changed markedly over the past few decades.

They also found there has been a significant growth in health problems related to lifestyle choices such as obesity.

Public health is everyone's business and we must all try and influence and improve aspects of people's lives including transport, housing, education and the environment.

This means there is role for the wider workforce, i.e. those in fire, housing, leisure, pharmacy and other allied health professions.

Have a look on the right of what good public health in the future will include.

- Stronger social values to promote health and well-being
- A community-centred approach with a wide range of engaged partners including businesses and communities with local decision makers who champion and deliver public health
- Health inequalities reduced
- Able to respond to global health challenges
- A workforce that is inclusive recognising a broad range of skill-sets, with people recruited from different backgrounds
- Leaders who come from a variety of backgrounds
- Research and development
- Technological advances

MAKING EVERY CONTACT COUNT (MECC)

Many long-term diseases in the population are closely linked to known behavioural risks.

Around 40% of the UK's disability adjusted life years (DALY's) that can be attributed to:

- tobacco
- hypertension
- alcohol
- being overweight
- being physically inactive

Making Every Contact Count which is commonly referred to as MECC originated from work done in NHS North Yorkshire and the Humber.

It's aimed at ensuring that NHS staff used every opportunity to help patients and visitors make informed choices about their health-related behaviours by having a brief chat.

It is an approach to behaviour change that uses the millions of day-to-day interactions between people to support them in making positive changes to their physical health.

Examples include:

- stopping smoking
- increasing physical activity
- reducing alcohol consumption
- maintaining a healthy weight
- promoting their mental health

A MECC chat is focused on helping and empowering people to think about changing their unhealthy behaviours for healthier ones by raising awareness of issues.

- If you drink too much, what harm is that causing you?
- If you are overweight, what diseases are you at an increased risk of getting?

It is about being encouraging, and supportive of change and signposting people to more support if required e.g. a stop smoking service or a weight loss behavioural support service

PRACTICAL TASK

We've looked at MECC and how you can help people raise their awareness and change their behaviours to live healthier lives. But do you know what the Government recommendations are to stay healthy?

Take some time to jot down any recommendations or advice you are aware of. Keep these in mind when going through the last section from where you can compare yours to the ones in the course.

GOVERNMENT RECOMMENDATIONS TO STAY HEALTHY

Eat 5 portions or more of fruit and vegetables each day as this lowers the risk of serious health problems.

PHE recently started a campaign to get the nation to reduce their calorie intake by sticking to 400 calories for breakfast and 600 calories for both lunch and dinner to help reduce obesity.

Advice about reducing the amount of salt we eat as high salt intake can increase blood pressure.

The Food standards agency produced **The Eatwell Guide** which aims to help people to understand and enjoy eating healthily.

This includes advice about reducing the amount of saturated fat and sugar that people consume.

NHS England has suggested that to stay healthy, adults need to do 150 mins of moderate aerobic exercise a week and do strength exercise on 2 or more days a week.

In 2016 the UK Chief Medical Officer issued guidance around low risk drinking which encouraged both men and women not to drink more than 14 units weekly.

SO, HOW DID YOU DO?

How many of the regulations you wrote down were mentioned in the section above?

We will look at all of these in more detail in later modules of this course.

Once again, for your convenience, there will be easy-to-access links on the resources page on the course video screen.

VIRTUAL OUTCOMES

END OF MODULE 1

Thank you for reading our eBook

This brings us to the end of Module 1 and if you're anything like us, you can't wait to get started on the full course. The information you learned here is just the beginning as there is so much you will learn about being a true Health Champion to help your pharmacy and community.