Health inequalities across Europe

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Health

Health - ‘a state of complete physical, mental and social well-being and not merely the absence of disease’.

(WHO, 1947)
Equality and equity

**Equality**
Assumes everyone will benefit from the same supports

**Equity**
Different supports for equal access.

**No barriers**
Removal of systematic barriers. No supports/ accommodations
Types of inequalities

**Natural or physical**
- Age
- Height
- Strength
- ‘Qualities of mind’

**Moral or political**
- Being richer
- More honoured
- More powerful

Rousseau JJ (1754) A discourse on the origin and the foundation of the inequality among mankind
'Every man was not born with a silver spoon in his mouth'
Miguel de Cervantes
Populations affected

- Elderly
- Indigenous people
- LGBTIQ
- Migrants/displaced people
- Minorities
- People with disabilities
- People with mental illness
- Poor
- Rural dwellers
- Unemployed
- Women
Goal 3

Ensure healthy lives and promote well-being for ALL at ALL ages

www.who.int/SDGs
Universal Health Coverage

Provision of high-quality, essential services for:
  • Health promotion,
  • Prevention,
  • Treatment,
  • Rehabilitation and
  • Palliation
according to need.

Protection from financial hardship, including possible impoverishment, due to out-of-pocket payments

Source: WHO 2014
Life expectancy at birth (2014)
Source: Institute of Health Metrics and Evaluation
http://vizhub.healthdata.org/gbd-compare/
Differences

Years lived with disability due to heart disease and stroke low

Mental health large and similar

Musculoskeletal large, falls larger in western Europe
Countries by Income Group in Europe

World Bank income classification

Source: http://howmuch.net/articles/maps-divide-the-world-into-four-income-groups
Health and social problems are worse in more unequal countries

Index includes:
- Life expectancy
- Maths & literacy
- Infant mortality
- Homicides
- Imprisonment
- Teenage births
- Trust
- Obesity
- Mental illness (inc. drug and alcohol addiction)
- Social mobility

In more equal societies:

- Infant mortality is lower
- Child well being is better
- Educational scores are higher
- Teen birth rates are lower
- Life expectancy is longer
- Fewer adults are obese
- Levels of trust are higher
- Prevalence of mental illness is lower
- Drug use is lower
- Homicide rates are lower
- Fewer children experience conflict
- Lower rates of imprisonment
- Social mobility is higher

Physiotherapists to population 2013
Chartered Society of Physiotherapy workforce data model 2016, registered workforce, full time equivalent per 100k population

White: 45 Dark Green 79
The main areas of practice by main system impaired

What are the main areas of practice by population group?
What can be done to reduce health inequalities?

Five goals for health professionals:
• Sharing of education
• Awareness of patients in broader perspectives
• Engagement with healthcare systems as employers
• Wider partnership with service providers
• Advocacy for changes

Source: Marmot, IARC 50th Anniversary Conference/Reducing inequalities in global health risk
http://bit.ly/29h6yYq
Education

• Does the curriculum match the population need?
• Where can the curriculum be enhanced?
• Where are the CPD needs to enable current workforce to meet changing population needs?
• Inter-professional education and collaborative practice. Who does what, where and when?
‘There are about 700 registered women’s health physiotherapists in the UK. A number work in the NHS, however many work in private practice. Given that women make up half of the population, and that thousands of women at any one time are in need of treatment from a women’s health physiotherapist, it does not take a mathematician to work out that the ratio of specialist physiotherapist to female patient is far too low.’

Helen Mooney Frontline 19 October 2016
Leave no one behind
Human resources for health

The WHO Global strategy on human resources for health: workforce 2030 recognizes that addressing population needs for the SDGs requires a more sustainable and responsive skills mix, harnessing the potential of community-based health workers in inter-professional primary care teams, and calling for the integration of these cadres in the health system.

Research

What is the focus of research?
Who gets funding?
Spread of funds across the scope of a topic?
Who decides what to research?
Research methods?
Data

Strengthen data collections and statistical systems
New methodologies and new data
Incorporate geospatial dimensions
Increase capacity – financial, human, and institutional
Identify data gaps
Overcome data inequalities – involvement of subjects of data and their representatives
International data standards
International Classification of Functioning, Disability and Health (WHO, 2001)

Health condition(s)

Body functions & structures
(Impairments)

Activities
(Limitations)

Participation
(Restrictions)

Environmental factors
(Barriers/facilitators)

Personal factors
Where the world of physical therapy meets

Start planning!

www.wcpto.org/congress
Health is related to income differences *within* rich societies but not to those *between* them.

*Between (rich) societies*

Gender equity

Source: WEF Global Gender Gap Report 2016
Planning for equity in physical therapy practice

A just society is a society that, if you knew everything about it, you would be willing to enter it in a random place.

Source: Rawls J A theory of justice 1971

The difficulty in including equity goals in planning is that the people who need most can be hard to involve.
Gender equity

**Eastern Europe and Central Asia**

<table>
<thead>
<tr>
<th>Country</th>
<th>Global rank*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Slovenia</td>
<td>8</td>
</tr>
<tr>
<td>Latvia</td>
<td>18</td>
</tr>
<tr>
<td>Estonia</td>
<td>22</td>
</tr>
<tr>
<td>Lithuania</td>
<td>25</td>
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<tr>
<td>Moldova</td>
<td>26</td>
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<td>Belarus</td>
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<td>Poland</td>
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<td>Bulgaria</td>
<td>41</td>
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<td>Serbia</td>
<td>48</td>
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<tr>
<td>Kazakhstan</td>
<td>51</td>
</tr>
</tbody>
</table>

Note: *2016 rank out of 144 countries

**Western Europe**

<table>
<thead>
<tr>
<th>Country</th>
<th>Global rank*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Iceland</td>
<td>1</td>
</tr>
<tr>
<td>Finland</td>
<td>2</td>
</tr>
<tr>
<td>Norway</td>
<td>3</td>
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<tr>
<td>Sweden</td>
<td>4</td>
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<td>Ireland</td>
<td>6</td>
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<tr>
<td>Switzerland</td>
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<td>Germany</td>
<td>13</td>
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<tr>
<td>Netherlands</td>
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<td>France</td>
<td>17</td>
</tr>
<tr>
<td>Denmark</td>
<td>19</td>
</tr>
</tbody>
</table>

Note: *2016 rank out of 144 countries
Gender equity

When will regions close the economic gender gap?

<table>
<thead>
<tr>
<th>Region</th>
<th>Years to Close Gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Western Europe</td>
<td>47 years</td>
</tr>
<tr>
<td>Latin America and the Caribbean</td>
<td>81 years</td>
</tr>
<tr>
<td>Sub-Saharan Africa</td>
<td>93 years</td>
</tr>
<tr>
<td>Eastern Europe and Central Asia</td>
<td>93 years</td>
</tr>
<tr>
<td>East Asia and the Pacific</td>
<td>111 years</td>
</tr>
<tr>
<td>Middle East and North Africa</td>
<td>305 years</td>
</tr>
<tr>
<td>South Asia</td>
<td>More than 1,300 years</td>
</tr>
<tr>
<td>North America</td>
<td>Going backwards</td>
</tr>
</tbody>
</table>

Source: Global Gender Gap Report 2016, World Economic Forum

Same qualifications, different outcomes:

- Primary, 98%
- Secondary, 97%
- Tertiary, 93%
- At work, 68%
- Skilled roles, 88%
- Leadership roles, 86%

Source: Global Gender Gap Index 2016, World Economic Forum
‘Implementing the Convention on the Rights of Persons with Disabilities (CRPD) is strongly tied to the implementation of the 2030 Agenda for Sustainable Development and the 17 Sustainable Development Goals (SDGs)’
Female to male
Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease
WHO European region 2012
The number of people aged over 60 is set to double by 2050. Are we prepared?

- Life-course approaches
- Collaborative research
- Innovative technologies
- Age friendly policies and practices
Worklessness: can physiotherapists do more?

1. Ask about work before injured or unable to work
2. Start a conversation early about work
3. Create an expectation that work is part of rehabilitation.
4. Dispel the myth that a person needs to be back to normal or pain free to work
5. Communicate clearly about physical therapist role, scope and limitations
6. Acknowledge and promote your expertise in physical health and functioning
7. Consider certifying physical capacity
8. Avoid catastrophic language, system bashing or clinician criticism; which may creates fear and avoidance or anger.

Outline

• What is meant by health inequalities?
• Who is affected?
• The global health policy environment
• What can physical therapists and the profession do about it.