

Tackling Health Protection Inequalities - An All Ireland Approach

Dr Lorraine Doherty
Assistant Director Public Health
Public Health Agency, NI
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Health Protection Practice

Communicable Disease – Surveillance,
Prevention and Control

Chemicals, Radiation and Poisons

Environmental Health, Emergency Planning
and Response

Tackling HP Inequalities

All Ireland Approach

- ❑ NI and ROI - both wider policies, strategies on tackling health inequalities.
- ❑ To date - no in-depth consideration of the issues around inequalities in respect of infectious diseases or in other health protection areas.
- ❑ Working group (PHA and HSE/HPSC) - scoping paper, sponsored by Institute of Public Health

Infectious Diseases & Inequality

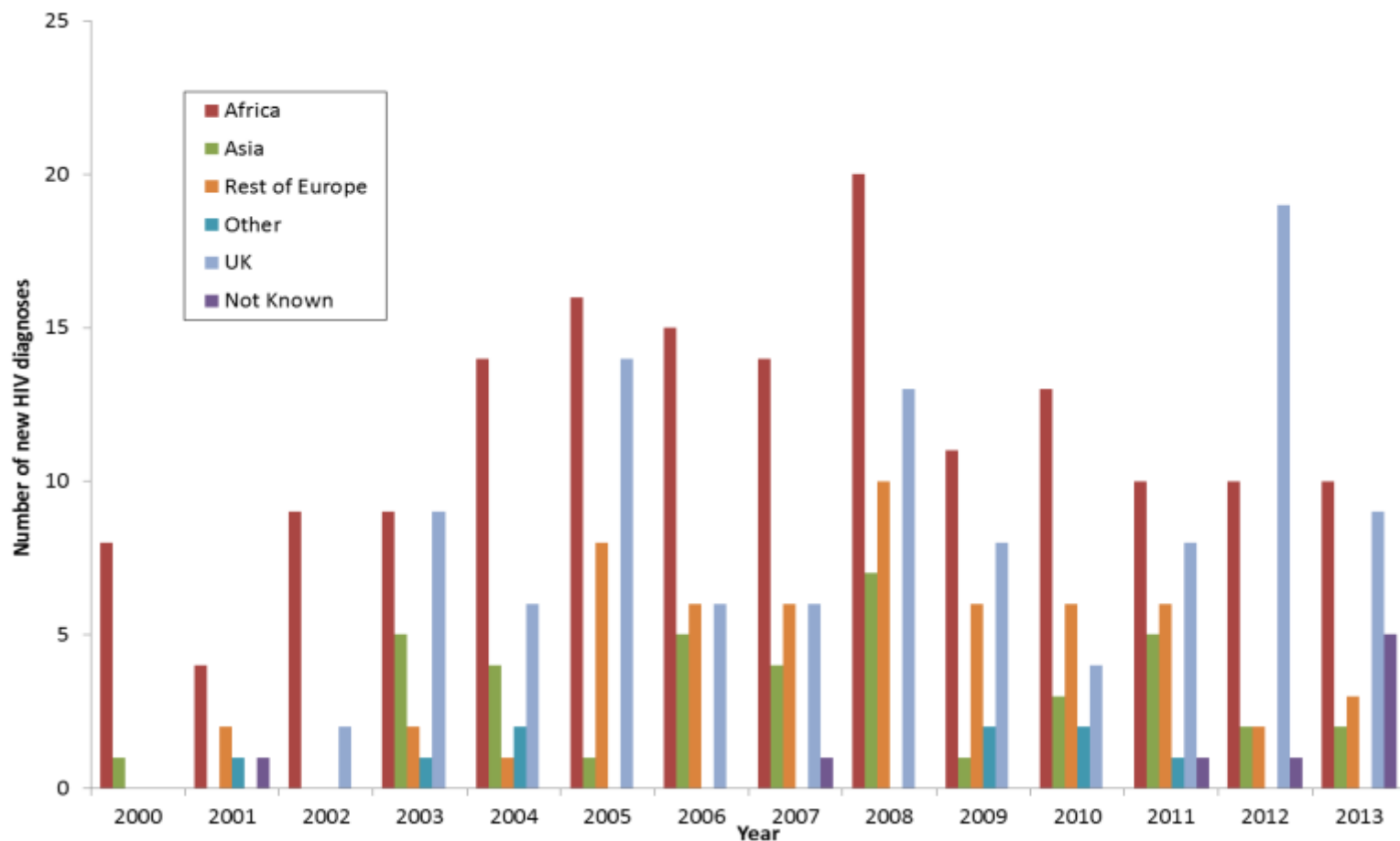
- ❑ Infectious diseases disproportionately affect the most socioeconomically deprived communities.
- ❑ Not restricted to a few 'signature infections, such as TB or HIV, but also a wide array of other infectious diseases.
- ❑ Elevated infectious disease rates in vulnerable populations pose a health threat, not only to them, but to society at large.

Vulnerable Populations – Infectious Diseases

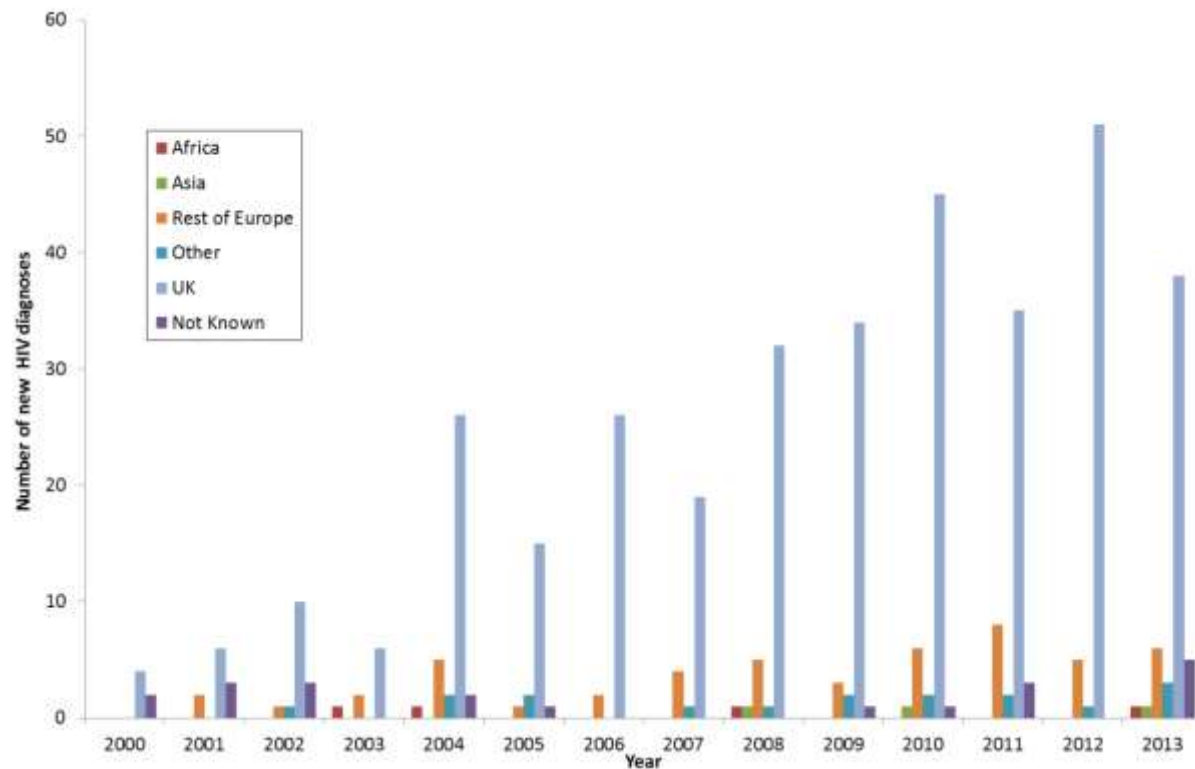
- ❑ Homeless, people who inject drugs, people in prison, those who are unemployed, young children
- ❑ Migrant populations, e.g. the Roma population.
- ❑ Migrant populations from countries with a high prevalence of infectious diseases are disproportionately affected by HIV, STIs, TB, Hepatitis B and C, and a range of other infections.

New HIV diagnoses in Northern Ireland, by year of diagnosis, by country where infection was acquired, 2000–2013

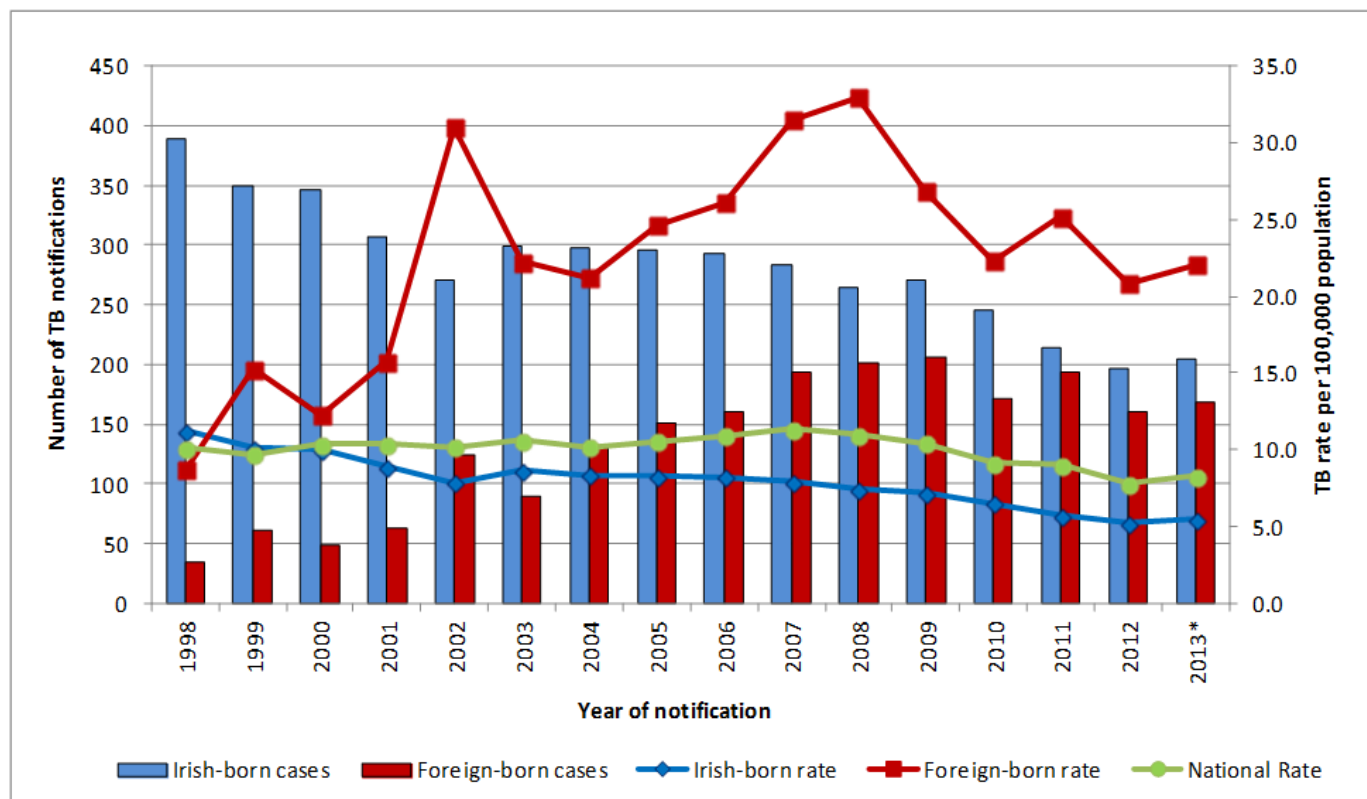
By heterosexual route of infection



New HIV diagnoses in *Northern Ireland*, by year of diagnosis, by country where infection was acquired, 2000–2013, MSM Route of Transmission



Number of tuberculosis notifications In Ireland and rate by country of birth and year of notification



Children/Young People at Risk of not being fully Immunised

- ❑ Missed previous vaccinations (whether as a result of parental choice or otherwise)
- ❑ Looked after children
- ❑ Physical or learning disabilities
- ❑ Children of teenage or lone parents
- ❑ Not registered with a GP
- ❑ Younger children from large families
- ❑ Children who are hospitalised or have a chronic illness
- ❑ Those from some minority ethnic groups
- ❑ Those from non-English speaking families
- ❑ Vulnerable children, such as those whose families are travellers, asylum seekers or are homeless.

Roma Migrants

- ❑ Largest ethnic minority in Europe
- ❑ Over 25% of Roma children are not fully vaccinated
- ❑ May live in poverty, have low socioeconomic status, thus are more vulnerable to diseases such as TB, measles, and Hepatitis.
- ❑ Discrimination, marginalisation may affect access to healthcare

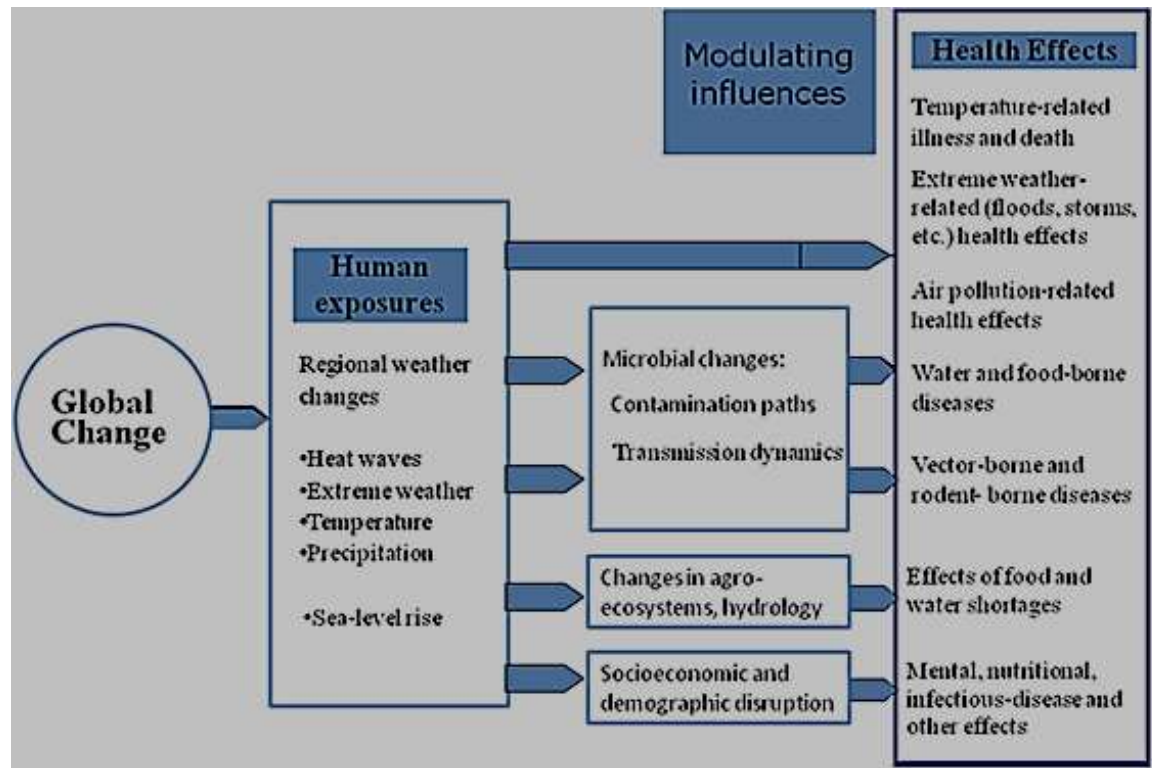


Homeless: A Romanian family after being driven out of their Belfast Home

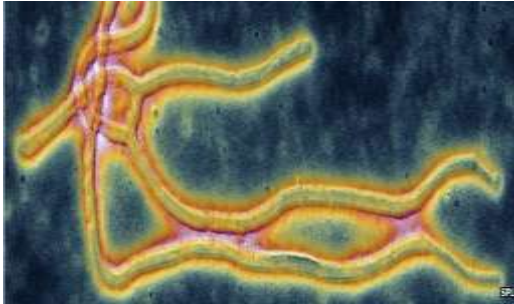
Climate Change



Health Impact Climate Change



Politics, Economy and Ecology



Ebola 2014-15

Deforestation at border between Guinea & Liberia. Bats in closer contact with humans.

- ❑ Biological environment is shaped by and shapes society and economy.
- ❑ Africa – long history of strife, deals done with multinationals, industry; impact on environment, e.g. deforestation - animals closer to humans – zoonoses.
- ❑ Similarly – pandemic 2009, influenza strains, SARS, Mers-CoV.

Impact of Financial Crisis

- ❑ The economic crisis will adversely impact employment and increase migration.
- ❑ Economic hardship - associated with higher risk of infectious diseases by virtue of increases in poverty, migration, homelessness, unemployment, and malnutrition.
- ❑ Restricted access to health care.
- ❑ Health services cuts and restructuring leading to reduced capacity to respond to infectious diseases.
- ❑ Preventive services are most vulnerable to disinvestment (e.g. immunisation services in vulnerable populations), as well as surveillance programmes, hospital infection control activities and capacity of systems to respond to outbreaks.

ECDC – AID Framework

Action: Building the **information** base, and ensuring the dissemination of key findings through collaboration with key stakeholders, specifically action: enhance member states capacity to act on health inequalities among vulnerable groups.

Information: Advanced evidence through studies and investigations, and by leveraging the existing data sources such as the European surveillance systems.

Dissemination: Communicate best practices and expand networks to key actors and stakeholders in the field.

North-South – Areas for Action

- ❑ Strengthen surveillance and monitoring of health inequalities in infectious diseases/health protection issues.
- ❑ Developing data linkages, e.g. between infectious disease datasets and indices of deprivation, postcode etc. – e.g. TB and ‘One Health Approach’
- ❑ Strengthening prevention in specific areas - while considering population-at-risk, entire population and vulnerable populations
- ❑ Linking tackling health protection inequalities to the wider work on tackling health inequalities, e.g. migrant health, homeless.
- ❑ Strengthening collaboration with existing organisations who work to address health needs of diverse and disadvantaged communities.

Forward Action

- ❑ North- South Forum on Health Protection Inequalities – Leadership, joint work programme – *advocacy composite logic model*.
- ❑ Raising awareness of health protection inequalities amongst politicians, policy makers, health services, public and across other government sectors.
- ❑ Actively disseminating and sharing information on health protection inequalities.

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