

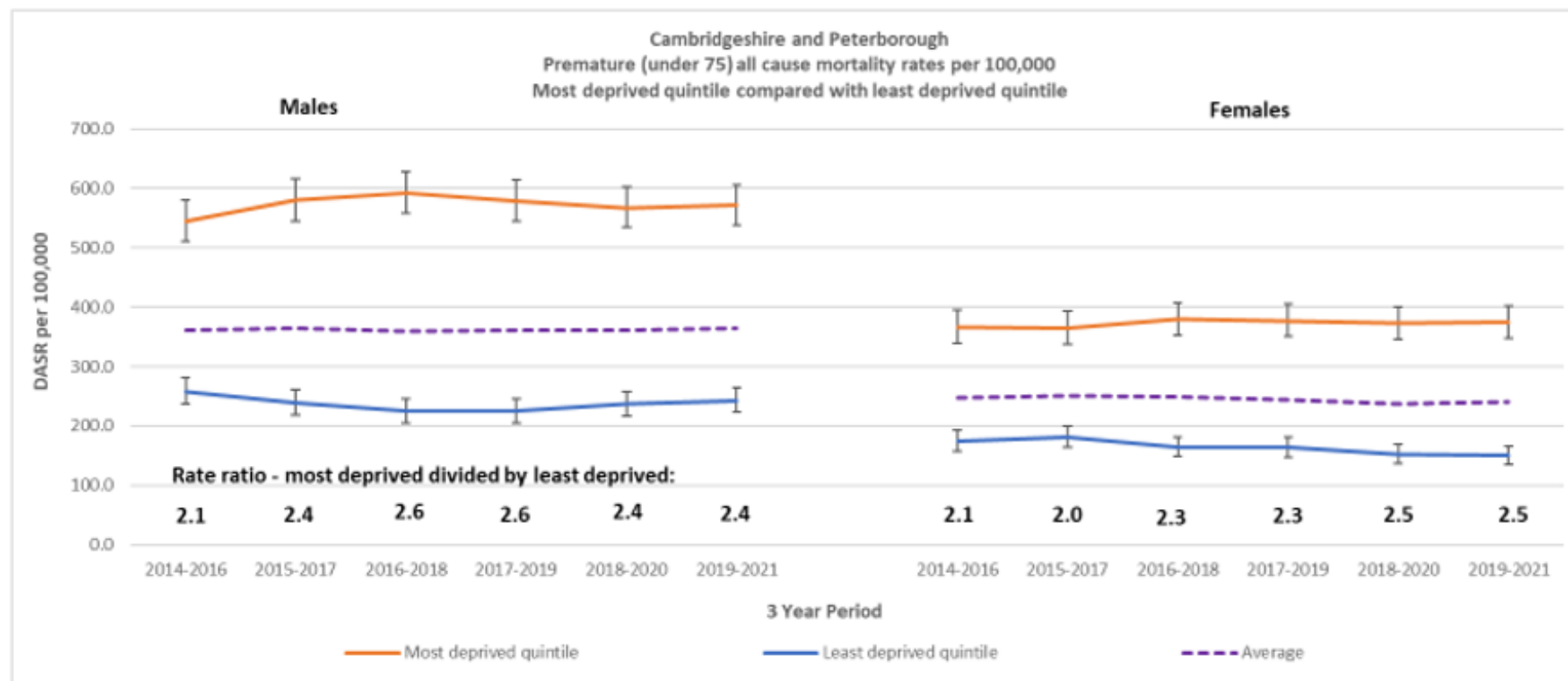


TO BE FAIR

Director of Public Health Annual
Report 2022/23

Inequalities in health outcomes continue to widen

Comparison of **most** and **least** deprived IMD quintiles - **three year** aggregated age standardised rates per 100,000



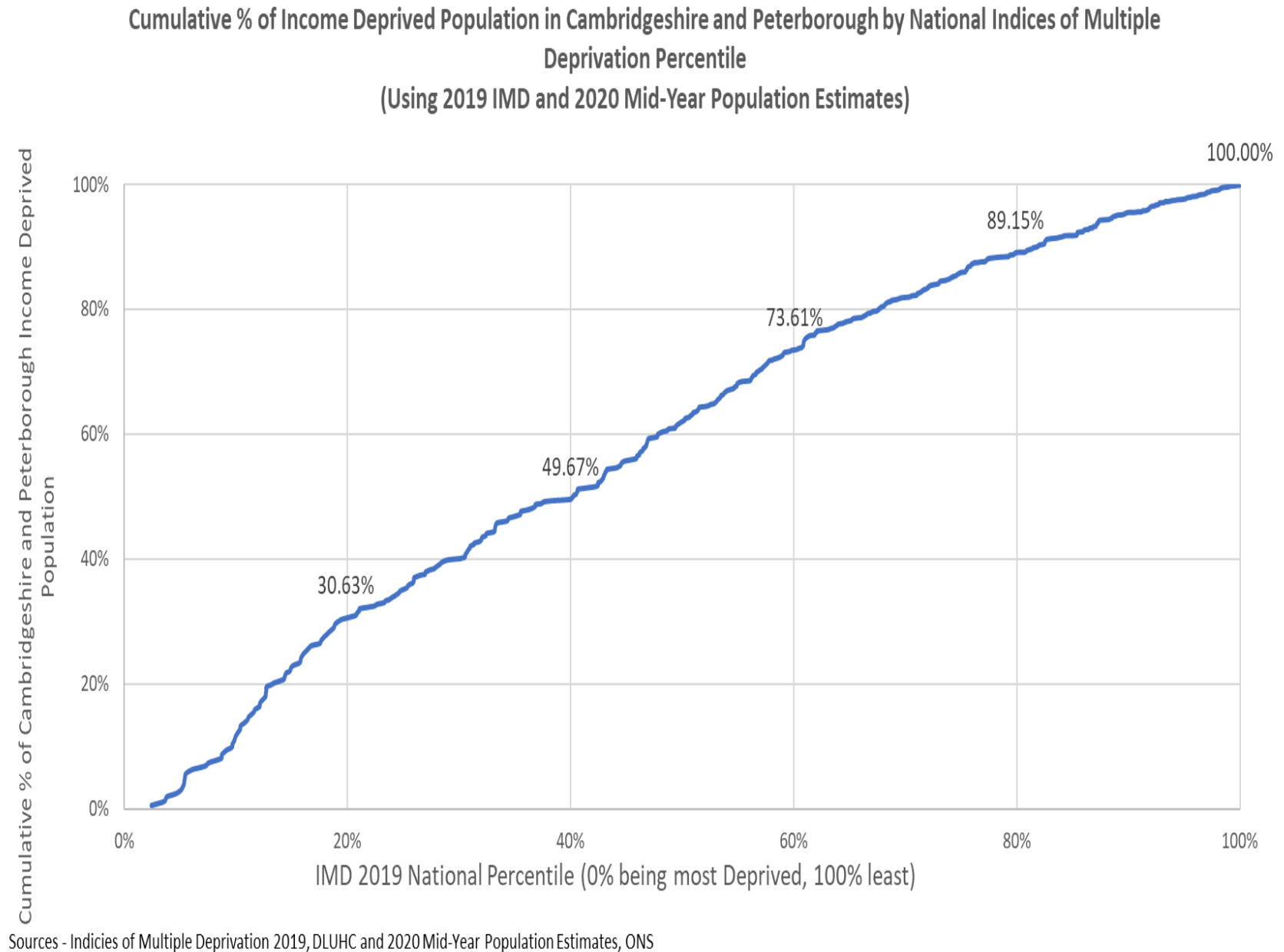
Health inequalities and their determinants

- Health inequalities are unfair and avoidable differences in health outcomes between people or communities.
- Renewed interest in addressing inequalities due to Covid-19 exposing and exacerbating inequalities
- The causes of health inequalities lie predominantly in the wider determinants of health, therefore interventions at point of service use alone, will not address inequalities in health outcomes
- Early intervention in the life course will be more cost effective and have longevity of impact

Targeting by geographical groupings will miss most individuals that could benefit

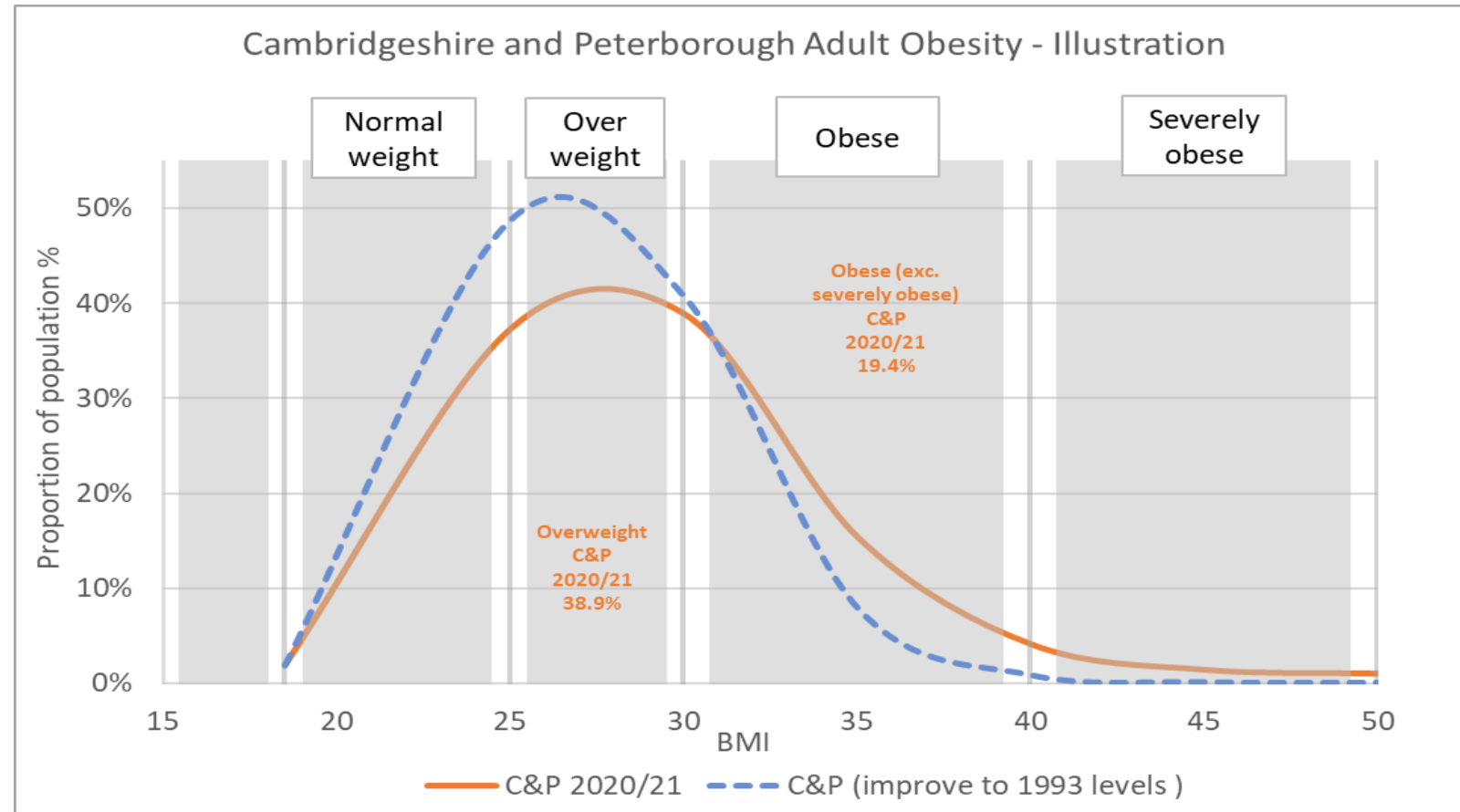
- Data presented by geography or deprivation categories can highlight the health inequalities and the outcomes that need improving – but it doesn't necessarily inform the type of intervention that is going to be most effective.
- The factors that may predispose an individual to experience health inequalities are distributed widely across the county and not restricted within particular geographies.
- Sometimes, given the geographic clustering of deprived areas in Cambridgeshire, the presentation of data by deprivation can lead to a focus on geographically based interventions
- There are examples of universal measures reducing inequalities and examples of targeted measures failing to reduce inequalities.

Targeting by deprivation



The case for universal approaches – excess weight

- Universal approaches are needed for issues such as excess weight which impacts the health of the majority of the adult population
- Targeted approaches or threshold approaches to those already obese or severely obese – means that the majority who are overweight and whose health is already at risk will be missed
- Targeted approaches can lead to stigmatisation and poor uptake



Universal approaches improve outcomes and reduce inequalities without being stigmatising

Universal approaches include both universal interventions and also universal identification of need which then can lead to an offer of support/intervention to all individuals who could benefit.

- **Universal measures** – e.g. the smoking ban in indoor public spaces or the fluoridation of water
- **Universal identification of need** - e.g such as health visitors routinely visiting all babies to identify those in greater need or at higher risk or routine, universal carbon monoxide checks for all women that are pregnant with evidence based interventions such as targeted monetary incentives
- **Universal approaches may materially improve outcomes for all, but may not reduce inequalities**

CONCLUSIONS AND RECOMMENDATIONS

- Keep a focus on universal interventions
- Make sure that any universal offer is systematically planned and delivered to reach all and give additional support according to need
- Focus on early and upstream interventions to reduce inequalities in health outcomes
- Targeted interventions should be based on individual need, through systematic identification methods
- Interventions should be evidence led
- Draw on behavioural insights to understand inequalities in behaviours and uptake of services and target accordingly