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SDH, Capabilities, Proportionate universalism and behaviour change

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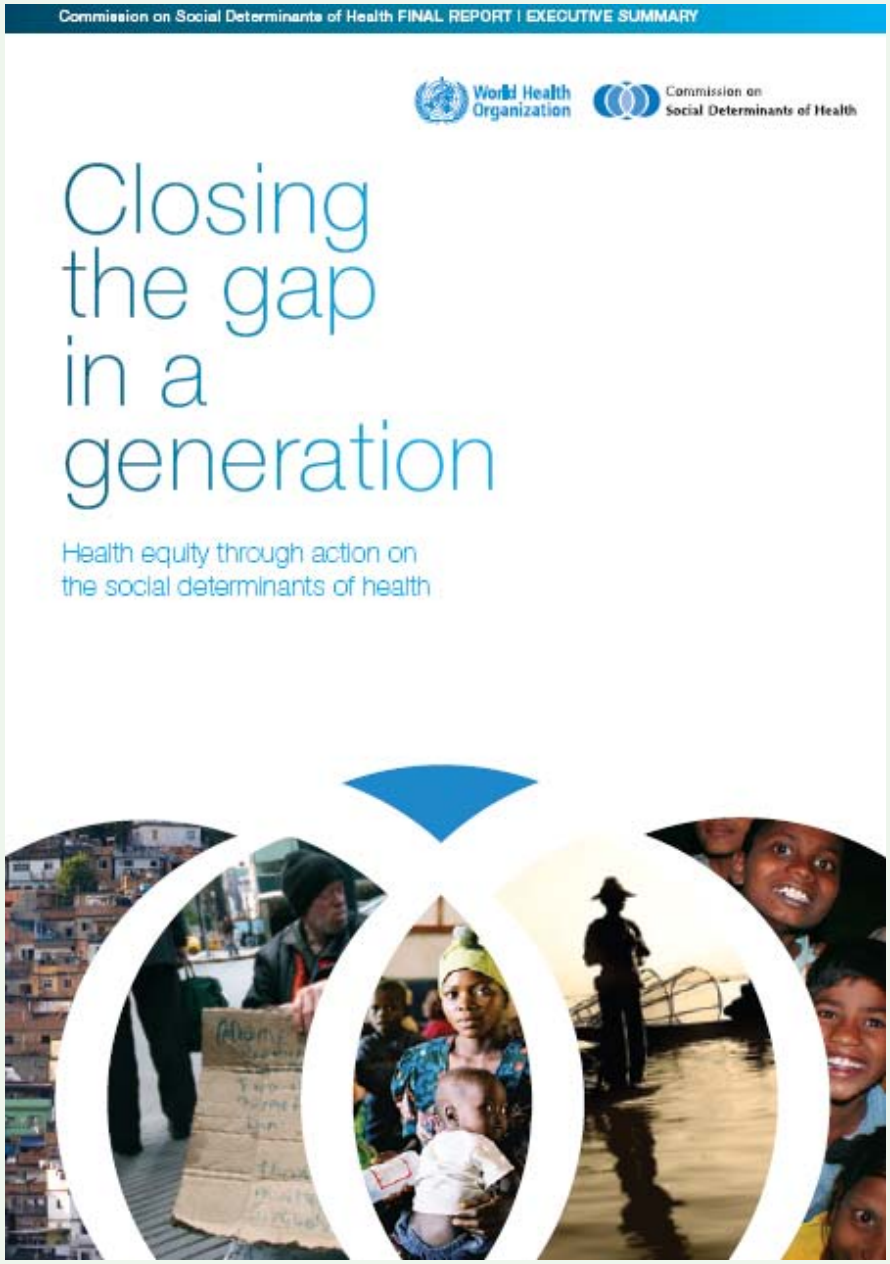
Key principles

- Social justice
- Material, psychosocial, political empowerment
- Creating the conditions for people to have control of their lives



www.who.int/social_determinants

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Some behaviour change approaches

- Very intensive (expensive)
- Affect too few
- Worsen inequalities
- Don’t alter long term (life course)

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Policy Objectives: The Social Determinants of Health

A. Give every child the best start in life
B. Enable all children, young people and adults to maximise their capabilities and have control over their lives.
C. Create fair employment and good work for all
D. Ensure a healthy standard of living for all
E. Create and develop healthy and sustainable places and communities
F. Strengthen the role and impact of ill-health prevention

Some policies

- Targetted when should be universal (spearhead approaches)
- Inflexible (to need)
- Too late – eg homelessness, sex workers etc.
  - Processes of exclusion (some of which also relate to professional cultures, silos etc)

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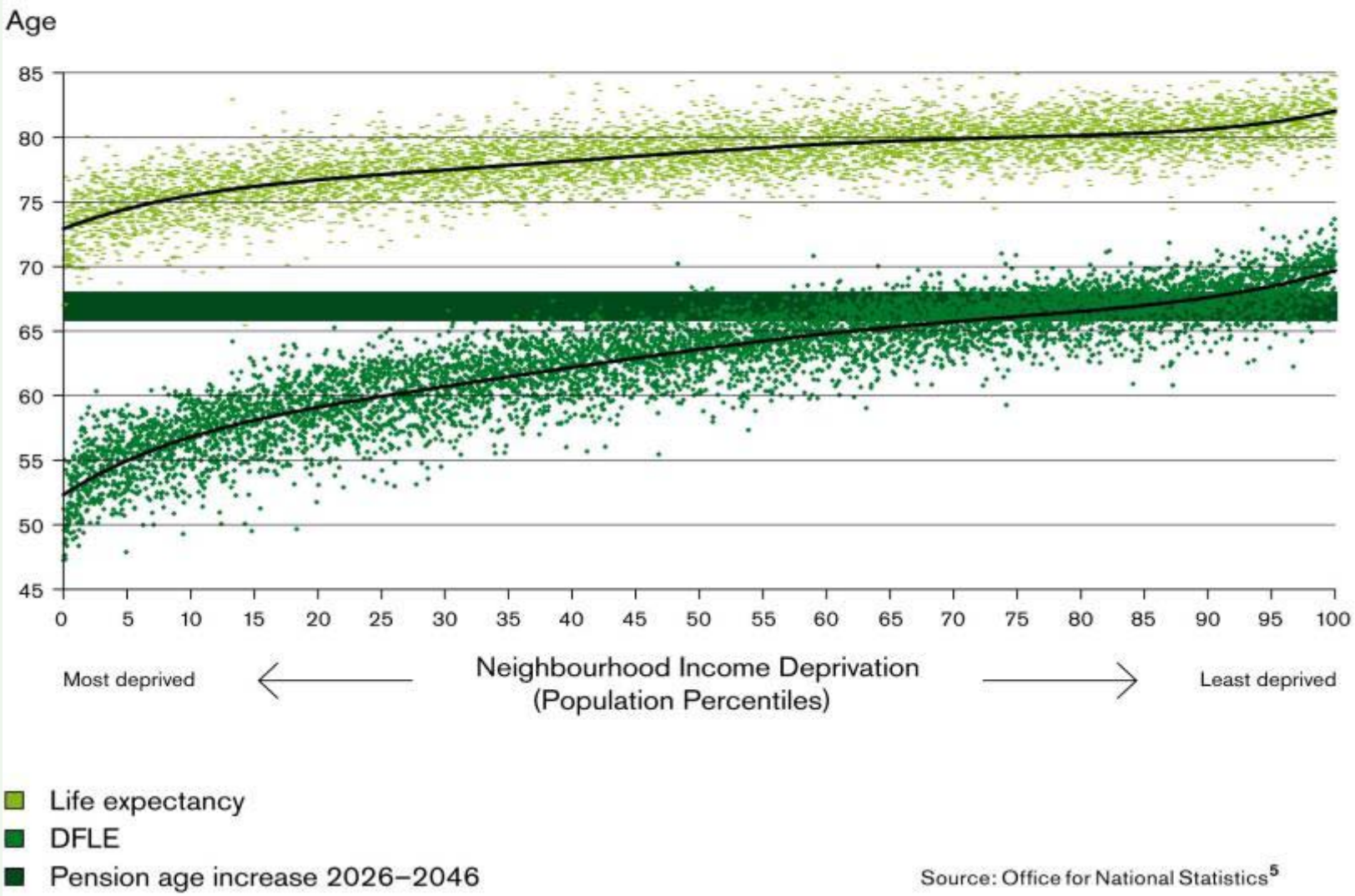
WHY NEED PROPORTIONATE UNIVERSAL POLICIES?

THE SOCIAL CLASS GRADIENT

TO FACILITATE WIDE SCALE BEHAVIOUR AND OTHER CHANGE
THE DESIGN AND SUCCESS OF POLICIES

Figure 1 Life expectancy and disability-free life expectancy (DFLE) at birth, persons by neighbourhood income level, England, 1999–2003



Source: Office for National Statistics[5]

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Children achieving a good level of development at age five, local authorities 2011

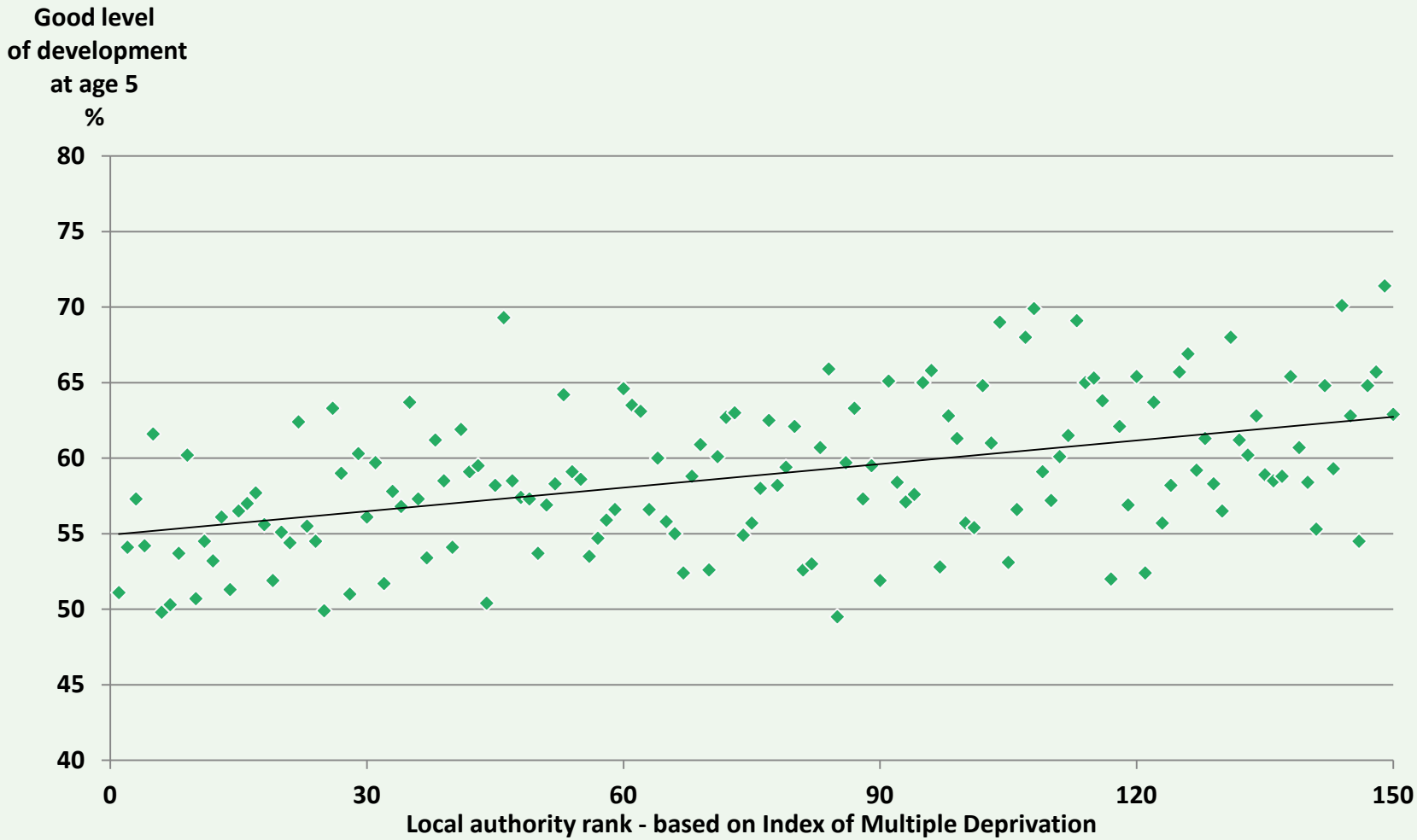
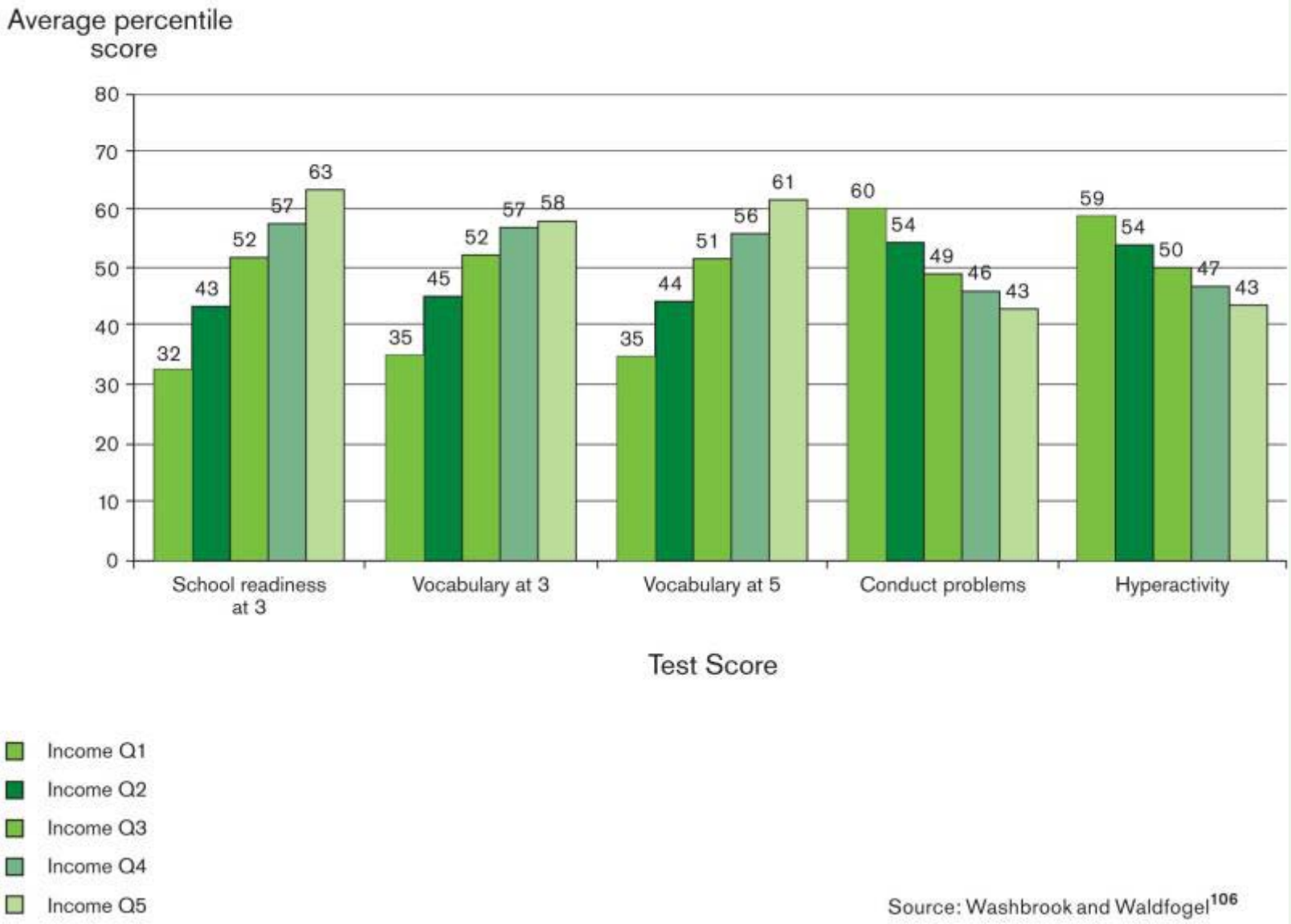


Figure 2.22 Indicators of school readiness by parental income group, 2008



Source: Washbrook and Waldfogel[106]

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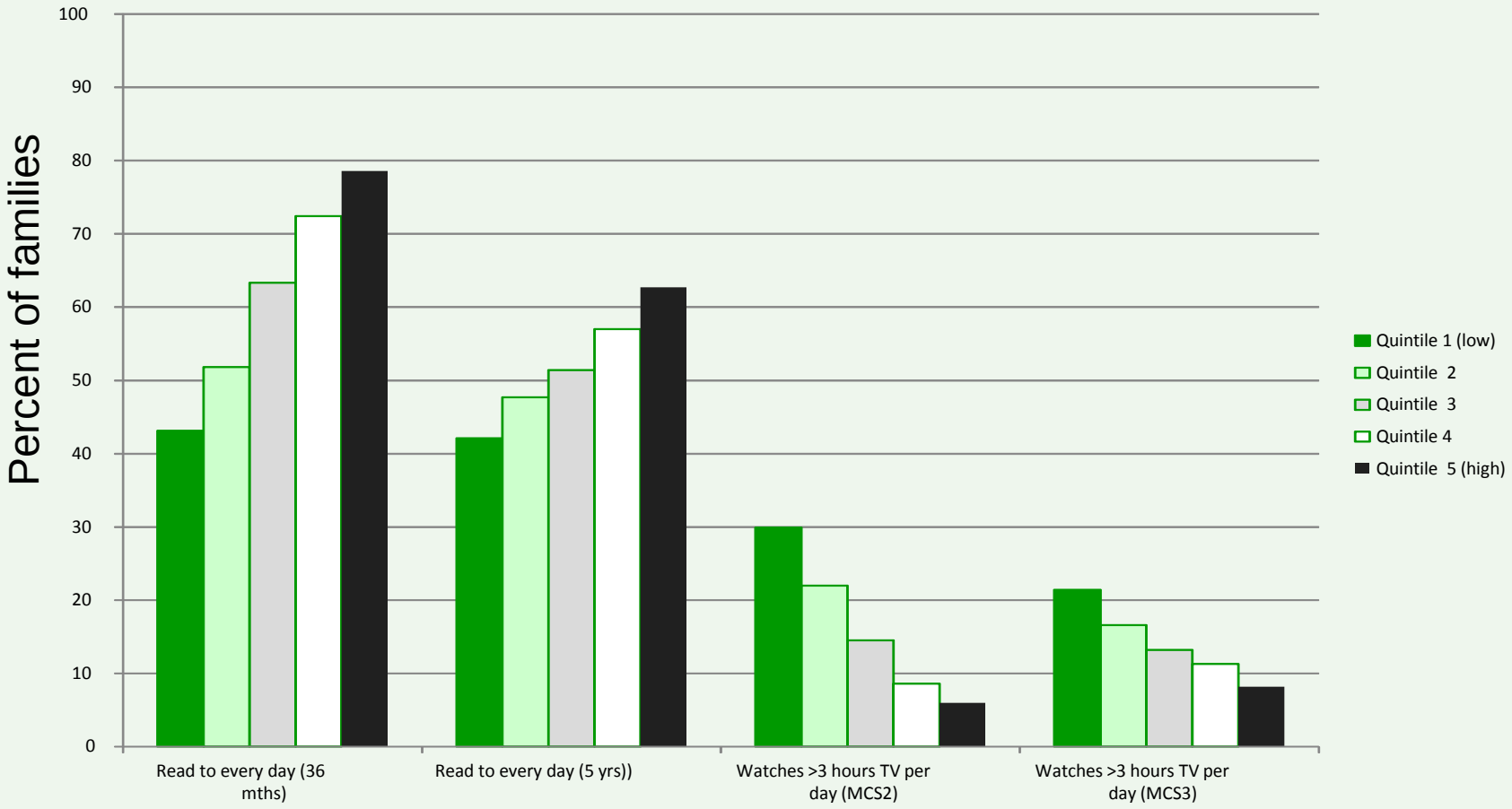
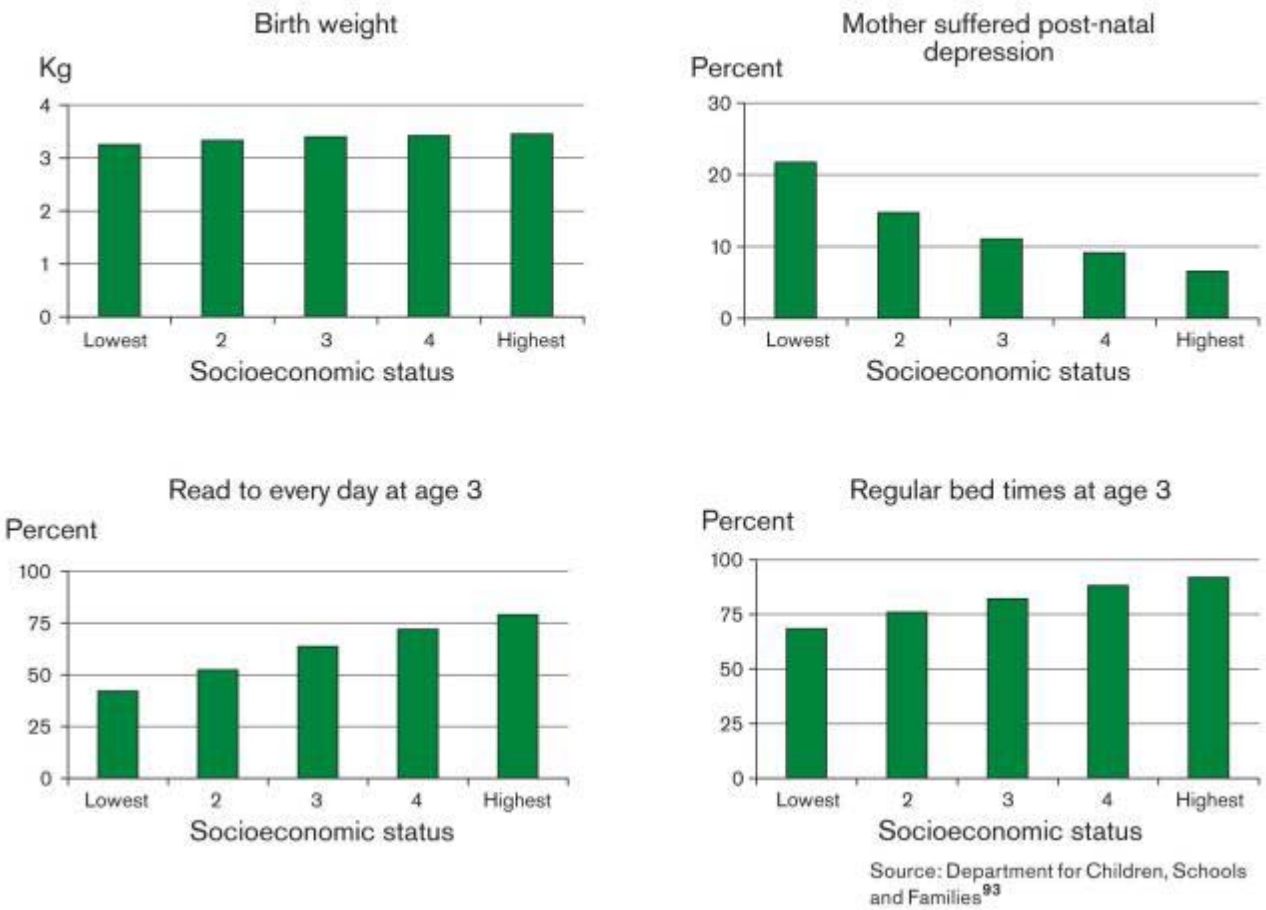
% of families reading to their children every day and level of TV viewing by socio –economic status



[i]Dearden L, Sibieta L and Sylva K (2011) The socio-economic gradient in early child outcomes: evidence from the Millennium Cohort Study. Longitudinal and Life Course Studies 2(1): 19-40.

Figure 2.20 Links between socioeconomic status and factors affecting child development, 2003–4



Source: Department for Children, Schools and Families[93]

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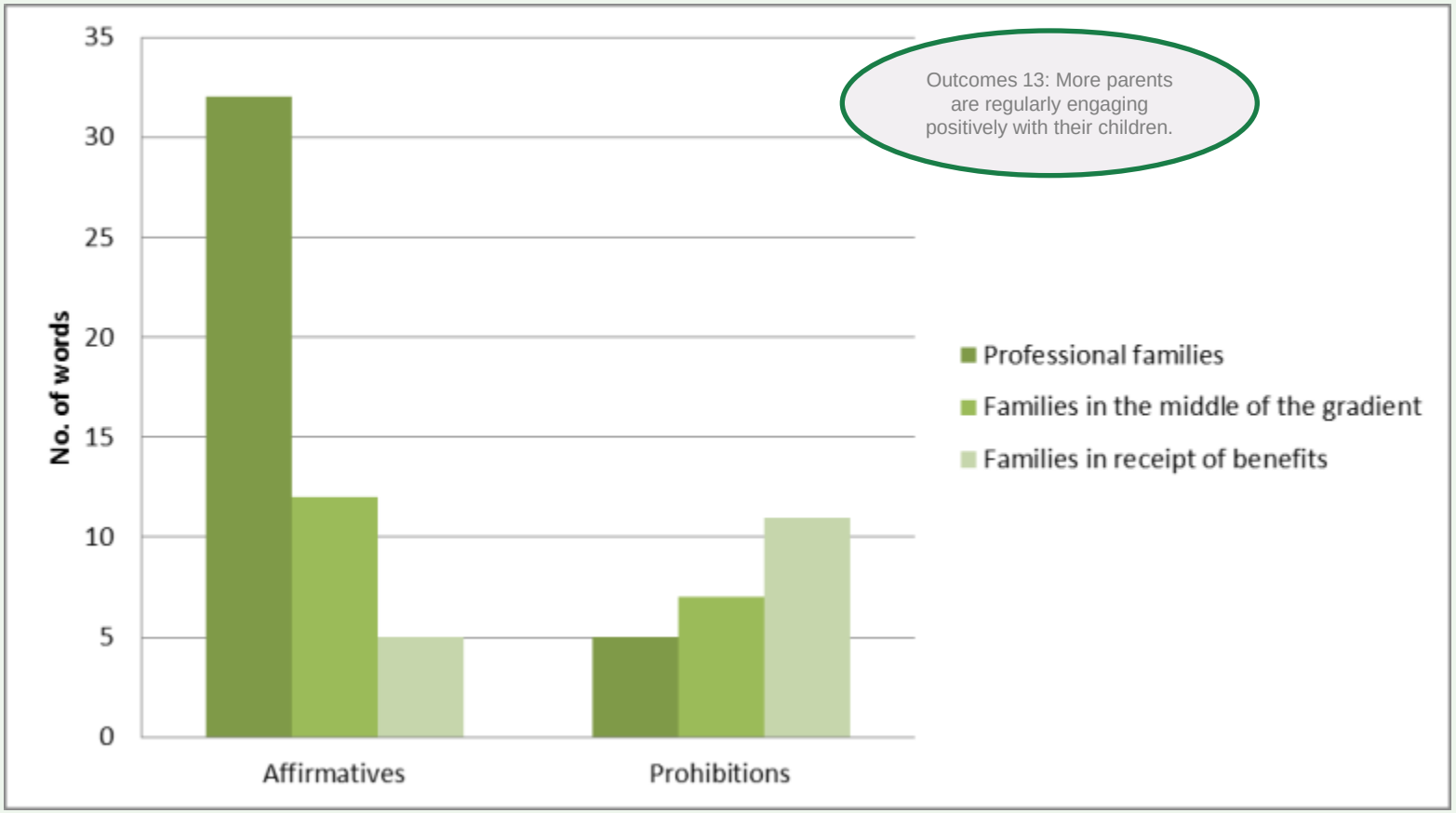
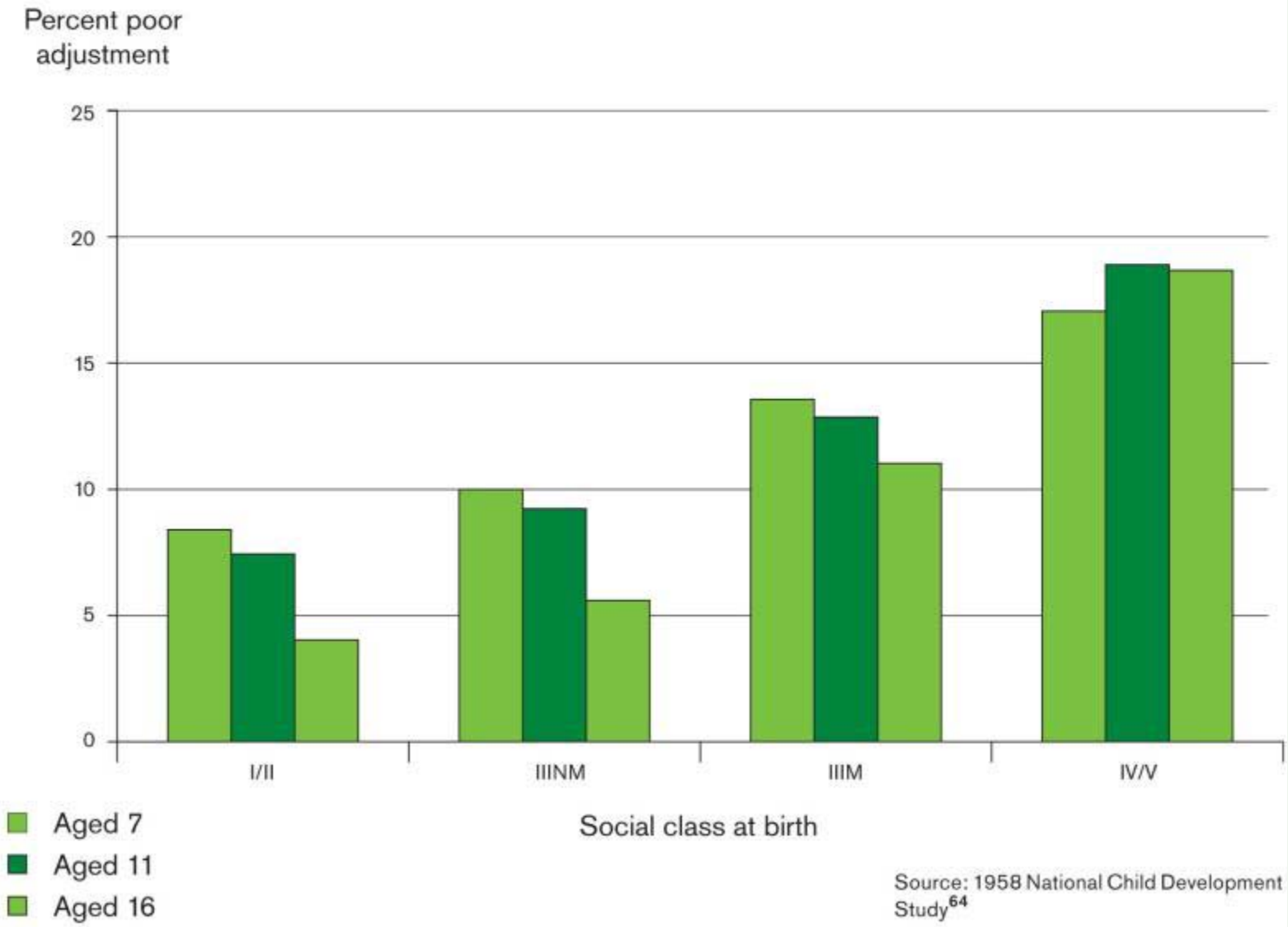
Average affirmations and prohibitions per hour by socio-economic status in the US.



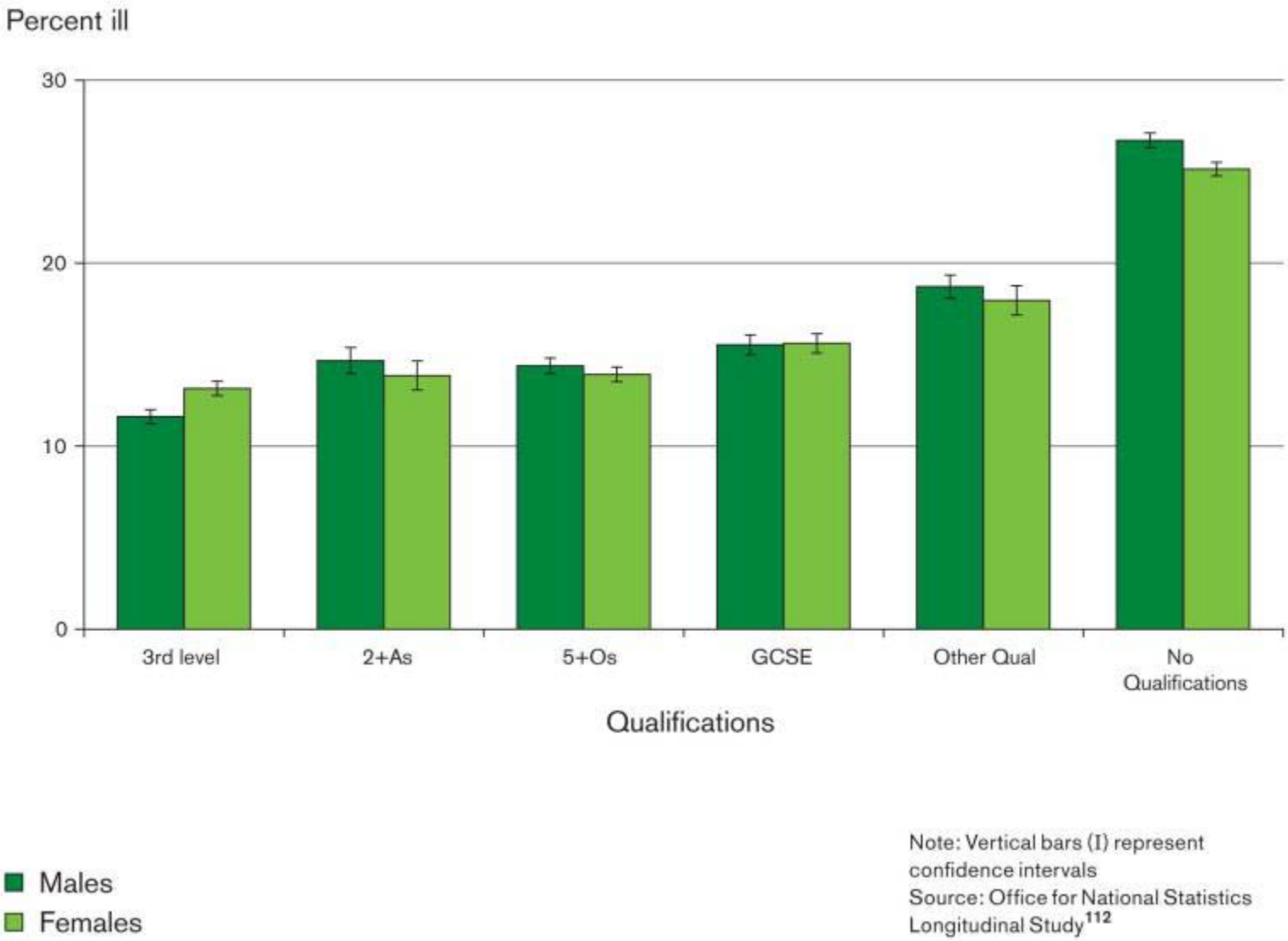
Source Hart B and Risely T R (2003) The early catastrophe: the 30 million word gap by age 3.

Figure 2.12 Rates of poor social/emotional adjustment at ages 7, 11 and 16, by father's social class at birth, 1958 National Child Development Study



Source: 1958 National Child Development Study[64]

Figure 2.26 Standardised limiting illness rates in 2001 at ages 16–74, by education level recorded in 2001



Note: Vertical bars (I) represent confidence intervals
Source: Office for National Statistics Longitudinal Study[112]

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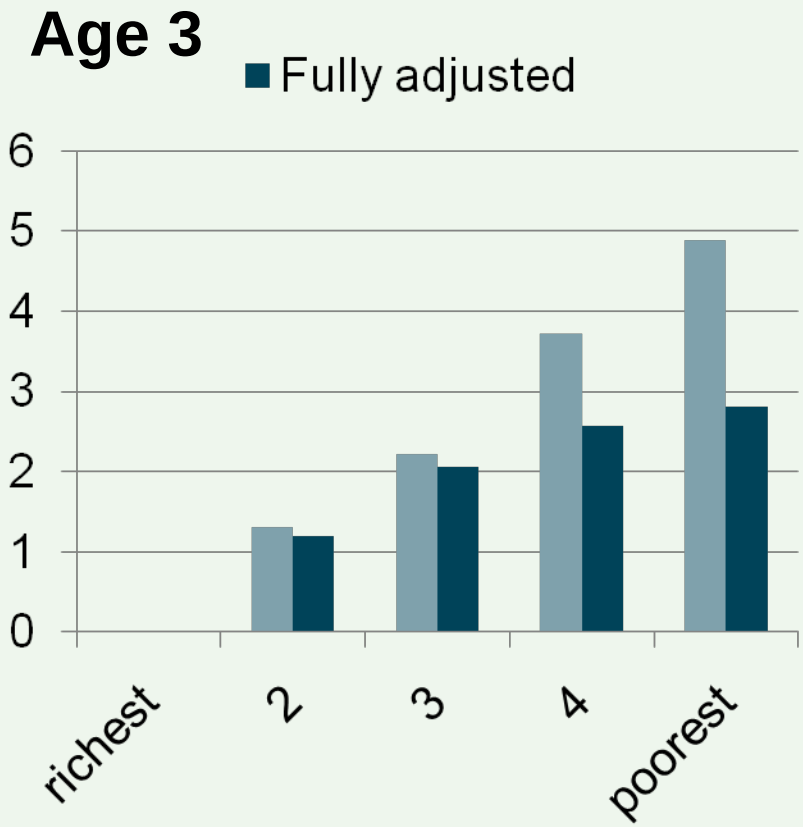
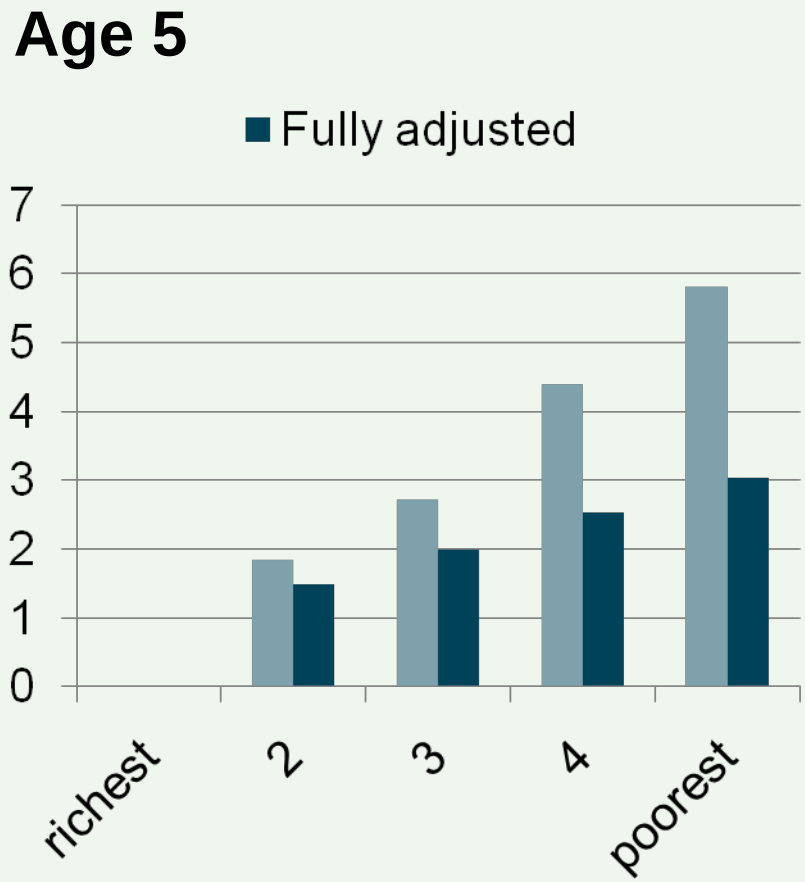
A. Give every child the best start in life. Socio-emotional difficulties at age 3 and 5: Millennium Cohort Study





Fully adjusted = for parenting activities and psychosocial markers
Kelly et al, 2010

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Approach to behaviour change

1. **creating conditions which allow people to take control over their own lives (SDH)**

2. **Capabilities approach** – (Sen) build control and well being through structural factors (the SDH) and **education, facilitation, assets based**.

3. **Design of policies:**
   1. population wide and universal
   2. Differential for need

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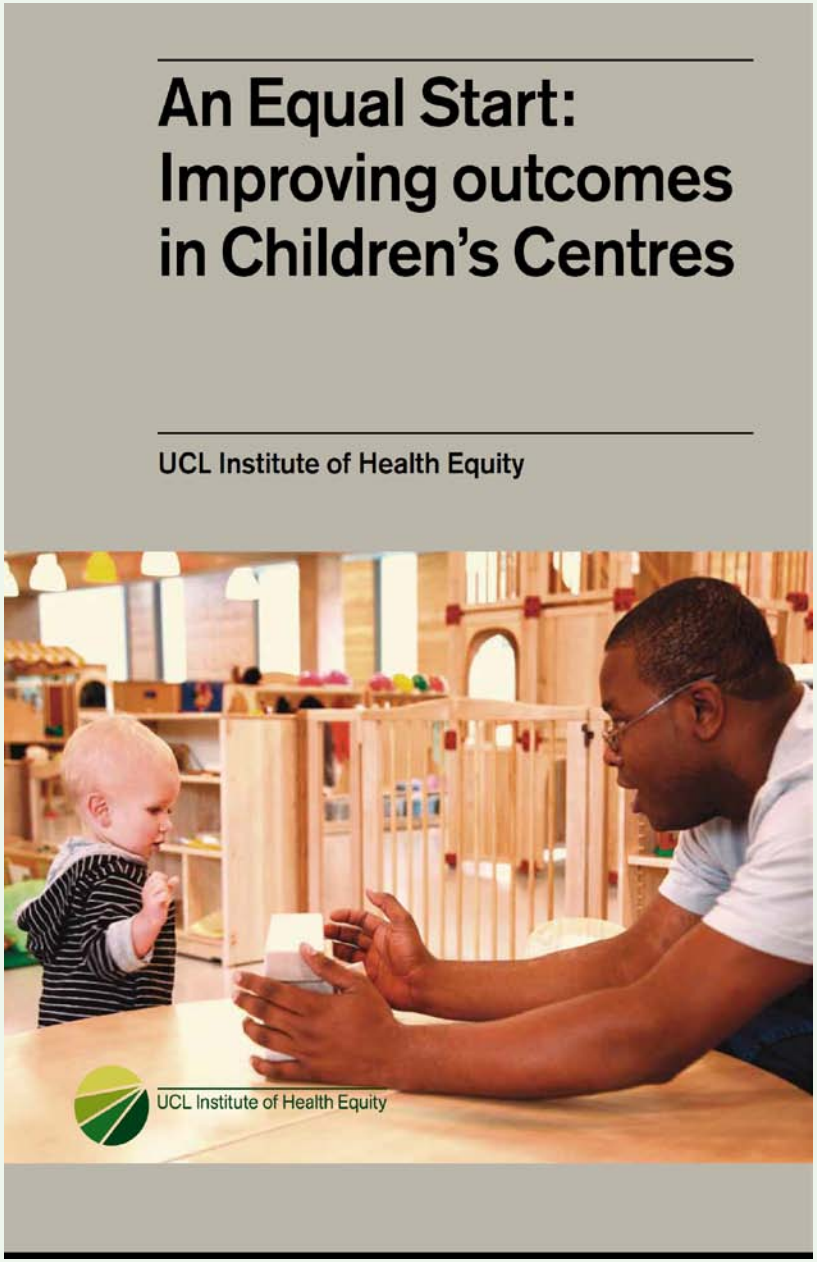

Areas for outcomes:

- Development
  - Cognitive
  - Communication & language
  - Social & emotional
  - Physical
- Parenting
  - Safe and healthy environment
  - Active learning
  - Positive parenting
- Parent's lives
  - Mental wellbeing
  - Knowledge & skills
  - Financially self-supporting

21 Proposed outcomes see page 8

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Birmingham Brighter Futures

- Aims to improve the lives of all the city's children and young people;
- Focus on improving children’s physical health, literacy and numeracy, behaviour, emotional health, social literacy, and job skills.
- Specific programmes relevant to early years include: Family Nurse Partnership (FNP), Incredible Years Parenting Programme, Promoting Alternative Thinking Strategies (PATHS), Triple P Parenting Programme.

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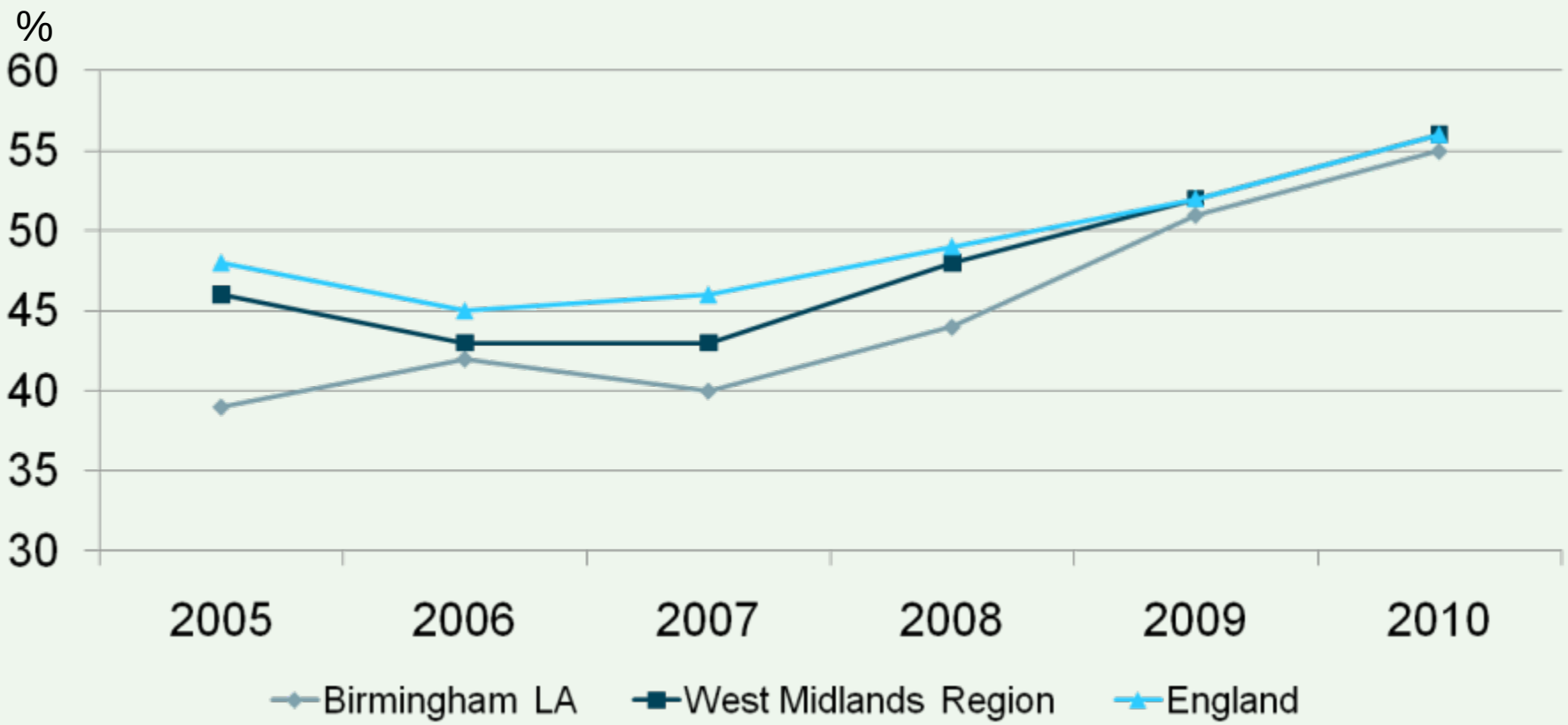
Per cent 5 year olds achieving 'good development score',* Birmingham LA, West Midlands & England



*in personal, social and emotional development and communication, language and literacy

Source: Department for Education

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Approaches to Behaviour Change

1 Creating conditions which allow people to take control over their own lives

- SDH
- Life Course
- Different approaches (regulatory, incentives, policies, education)

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Proportionate universalism

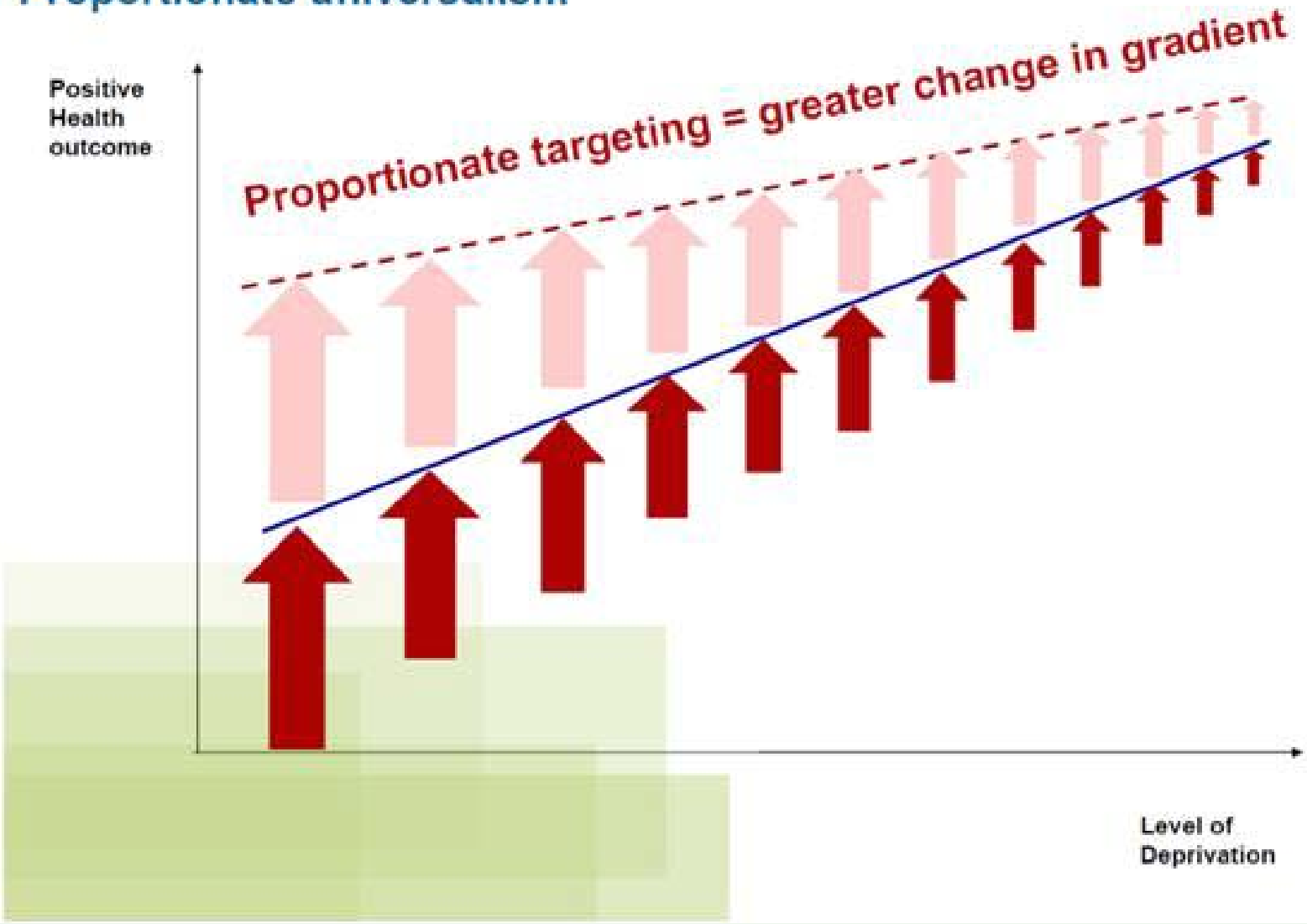
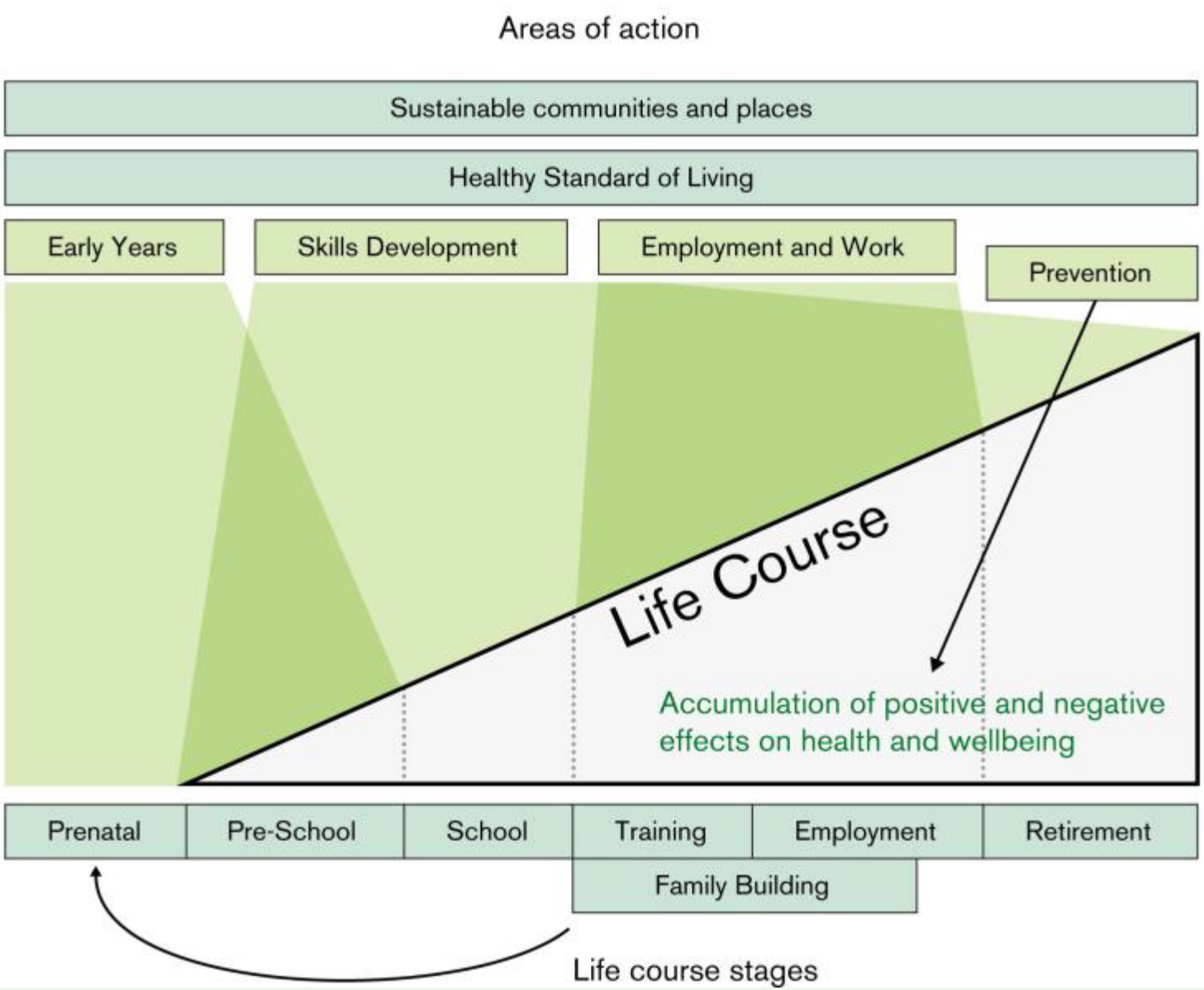


Figure 5 Action across the life course



SD of capabilities

- Align with SDH

- Education, early years, good employment, income and preventive approaches.

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Strengthen the role and impact of ill-health prevention

- **Implement programmes that work to reduce obesity, alcohol misuse, smoking and to increase physical activity**.
- Include a health equity impact assessment when deciding on policies
- **Proportionate universalism.** Need population wide programmes, but with more with more focus on those at the lower end of the socio-economic gradient.

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The Most Vulnerable – fallen off the gradient

Processes of Exclusion – universal approach to this:

- Debt
- Poverty
- Unemployment
- Discrimination
- Mental health
- Substance misuse
- Early years, education etc

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Approaches to Alcohol, smoking and obesity

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• Key examples of link between SDH and Smoking, Obesity and Alcohol

- Smoking accounts for over 50% of the difference in early deaths between socio-economic groups (ref Jarvis and Wardle)
- There is a clear social gradient between adolescent smoking rates and socio-economic status (ref: Jarvis and Wardle)
- Adolescents are more likely to smoke if they have poor school performance, low self -confidence or social competence and psychosocial stress (ref. Jarvis and Wardle, 2006, Appendix)
- 30% of female obesity is attributable to socio-economic inequalities (Robertson Lobstein 2007 Appendix)
- Socio-economic inequities in childhood and adult obesity have grown in the last five years (National Obesity observatory and Bambra et al Strategic review post Marmot, Appendix)
- There are pronounced socio-economic inequities in alcohol related health outcomes (NICE PH guidance 24, Appendix)

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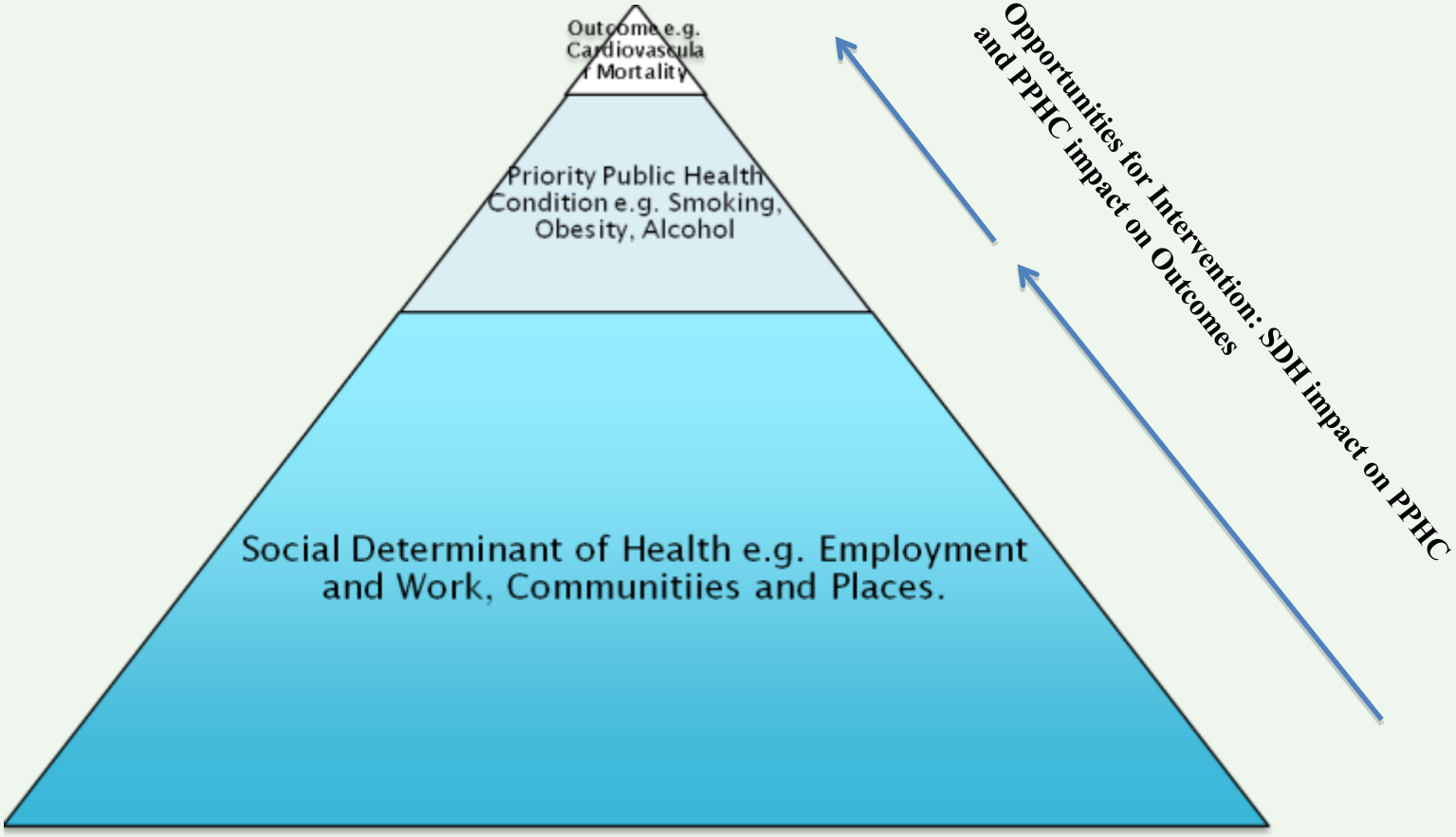

Approach

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Employment and Work
E.g. Address stress at work.

Prevention and Regulation
E.g. Smoking ban in public places.

Standard of Living
E.g. Tackling debt problems.

Communities and Places
E.g. Reducing environmental inequalities.

Delivery system
E.g. BLT Strategy

Delivery system
E.g. Feeling good about where you live

Education and Skill Development
E.g. Reduce the number of NEETs.

Delivery system
E.g. Swansea and Wrexham

Early Years
E.g. Increase children and family services.

Delivery system
E.g. Birmingham Brighter Futures

Equity
E.g. Reducing population groups' differences in PPHCs

E.g. Free NRT

E.g. Advertising campaigns

E.g. Weight management programmes

E.g. 5-a-day campaign

X

E.g. School educational programmes

E.g. Stop smoking programmes

Downstream interventions

Approach

Case study	Smoking	Obesity	Alcohol	Multiple& general health	Early yr	Education	Employment	Communities	Stds of living	Prevention	Gradient category
Active travel challenge		X						X		X	Universal
Affordable Warmth				X				X	X		Targeted - population
Alcohol awareness training			X		X	X					TBC
Altogether Better				X				X	X		Universal
Apprenticeship Schemes				X							Universal
AWARM				X							Universal
Benefits Take Up				X					X		Targeted - deprived areas
Brighter Futures				X	X	X					Socially Graded
Bromley by Bow				X	X	X	X	X	X	X	Socially Graded
CABS		X								X	TBC
Community Houses		X						X		X	Targeted - deprived areas
Curves Project		X						X		X	Targeted - population
Cycling loan scheme		X						X		X	
Decent and Safe Homes				X				X		X	Universal
Earning and Learning Strategy				X		X	X			X	Universal
Engaging Non NHS		X								X	
Family Nurse Partnership				X	X						Universal
FAST - submitted to IHE				X	X	X					
Feeling Good about where you live				X				X			Targeted - deprived areas

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Matrix to completed locally to help prioritise actions

	Priority need	Proportionate universalism	Policy allignment	Level of evidence (Strong, moderate, weak)	Cost benefits	Assets	Control	Unifying themes	Integrated
E.g. Minimum income for healthy diet									
E.g. Reducing crime and fear of crime									

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Matrix to completed locally with actions to address key Priority Public Health Conditions through

Interventions Addressing the Social Determinants of Health

A-F based upon 6 key areas for action of the “Marmot Review”. * Add named leads in the council for each item

SDH	Alcohol (Lead*)	Obesity (Lead*)	Smoking (Lead*)
A.Early Years		E.g. Universal free school meals	E.g. improved access to early years education.
B.Education and Skills Development	Eg Reducing the number of NEETs (* add named lead)		
C.Employment and Work	E.g. Managing stress at work.		E.g. Develop pathways to work
D.Standard of living		E.g. Minimum income for healthy diet	E.g Reduce debts
E.Communities and Places	E.g. Reducing environmental inequalities	E.g. Planning walkable neighbourhoods.	E.g. Increase exposure to green spaces
F.Prevention and Regulation	E.g. Reducing crime and fear of crime	E.g. Reducing salt and fat content in processed foods	E.g. Fire fighters in the community

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Measuring Value:

"the best ways to measure and target health inequalities"

- we may give different weights to the improvements in life expectancy or health of the groups.
- we attach a declining weight as we move up the distribution – to activity, outcomes and other aspects.
- there are important outcomes that do not lend themselves to quantitative measures. It is important that non-quantifiable elements need to be taken into account.

- Information
- Capabilities
- Regulation – behaviours and conditions
- Creating conditions
- Measuring and rewarding and commissioing
- Evidence base
- Innovation
- Joined up approaches.

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ENABLE ALL CHILDREN, YOUNG PEOPLE AND ADULTS TO MAXIMISE THEIR CAPABILITIES AND HAVE CONTROL OVER THEIR LIVES.

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