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# PATIENTS ARE PEOPLE TOO: WHY SDOH & HEALTH BEHAVIORS MATTER

Miss Adel Pinnock



# MY ROLE & EXPERIENCE

- ▣ 6 years experience as a screener/grader
- ▣ 15+ years public health experience
- ▣ 20 years trainer, Assessor, (IQA recently qualified)
- ▣ Currently working on UKPHR Qualification



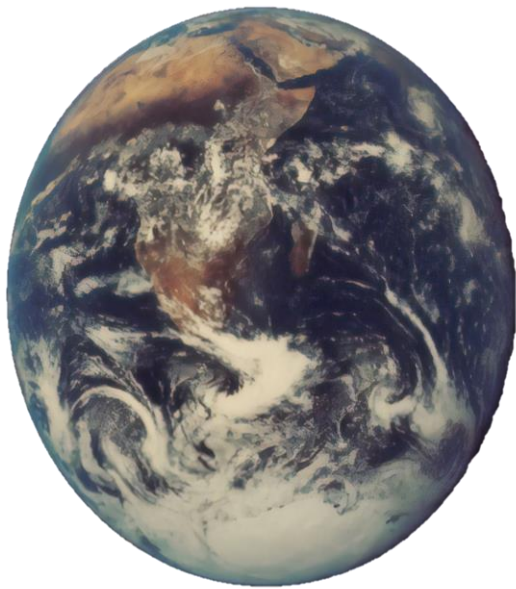
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## OBJECTIVE

# PATIENTS ARE PEOPLE TOO: WHY SDOH & HEALTH BEHAVIORS MATTER

Brief outline as to why Health Inequality & Health inequity matter.

# VARIATIONS



1 Prevalence of DR  
Africa, Caribbean, South & Central  
America



2 People with DR – 1.5m  
STDR – 140,000



3 Prevalence of DR  
amongst different ethnicities

1 Global Prevalence of Diabetic Retinopathy and Projection of Burden through 2045. Teo, Zhen Ling et al. Ophthalmology, Volume 128, Issue 11, 1580-1591

2 Mathur R, Bhaskaran K, Edwards E, et al. A population trends in the 10-year incidence and prevalence of diabetic retinopathy in the UK: a cohort study in the Clinical Practice Research Datalink 2004–2014 BMJ

3 Diabetes UK 2010. Key Statistics on Diabetes. Diabetes UK, March 2010

# DETERMINANTS OF HEALTH



The Determinants of Health (1992) Dahlgren and Whitehead

*The fact that in England today people in different social circumstances experience avoidable differences in health, well-being and length of life is, quite simply, unfair”*

Marmot, M. Fair society, healthy lives : the Marmot Review : strategic review of health inequalities in England post-2010. (2010) ISBN 9780956487001

- MONEY
- POWER
- RESOURCES

# EQUALITY, EQUITY & JUSTICE

## Equality



The assumption is that everyone benefits from the same supports. This is equal treatment.

## Equity



Everyone gets the supports they need (this is the concept of "affirmative action"), thus producing equity.

## Justice



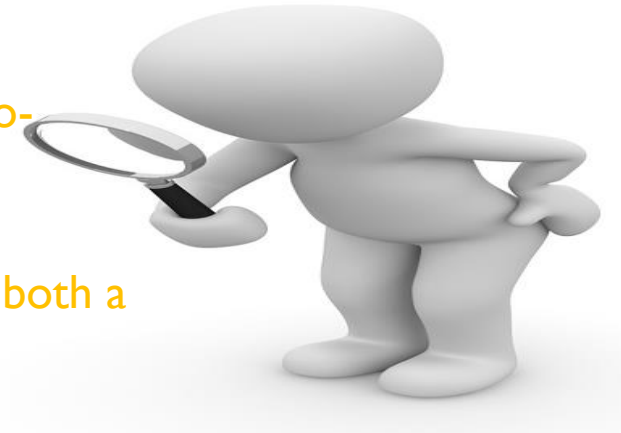
All 3 can see the game without supports or accommodations because **the cause(s) of the inequity was addressed.** The systemic barrier has been removed.

# HEALTH & STRUCTURAL INEQUITIES



The Determinants of Health (1992) Dahlgren and Whitehead

- ▣ There is an association between socioeconomic deprivation and sight loss.
- ▣ Socioeconomic factors are considered both a cause and outcome of sight loss.
- ▣ People living in socioeconomic deprivation are less likely to access primary eye care services, which can lead to eye conditions going undetected, causing avoidable sight loss.\*1

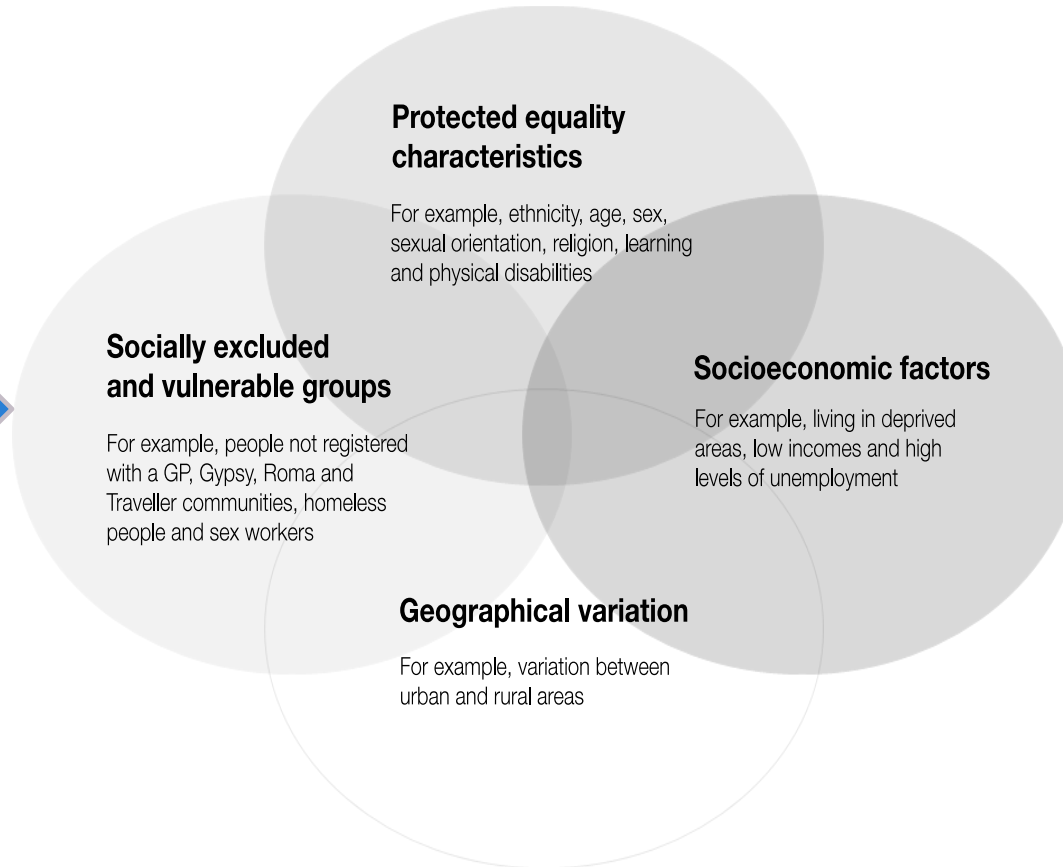
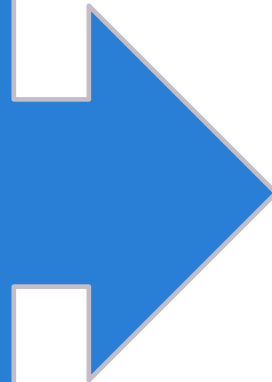


[https://www.eyeheroes.org.uk/sight-loss-increasing\\*1](https://www.eyeheroes.org.uk/sight-loss-increasing*1)

(College of Optometrists (May 2016) See The Gap A policy report on UK eye health inequalities [Accessed 18 Jan 2021])

# WHO EXPERIENCES HEALTH INEQUALITY/INEQUITY?

- cohort identification (invitation)
- provision of information about screening
- access to screening services
- access to treatment
- onward referral
- outcomes



SCREENING  
INEQUALITIES  
+  
INEQUITIES

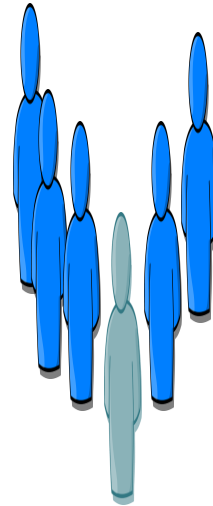


# HEALTH LITERACY



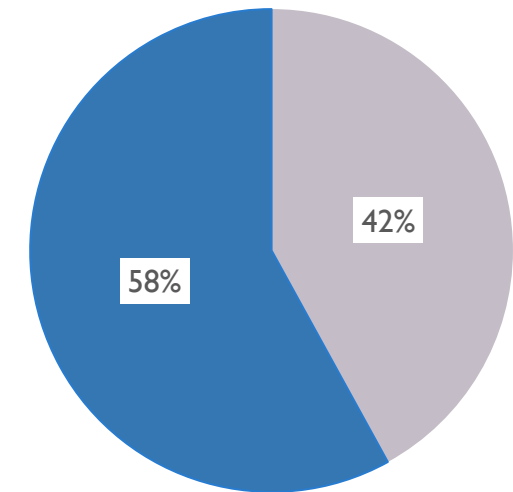
# HEALTH LITERACY

- cohort identification (invitation)
- provision of Information about screening
- access to screening services
- access to treatment
- onward referral
- outcomes



1 in 6 Adults in UK considered to have 'very poor literacy skills'

Health Literacy in the UK  
OECD 2011-2018



■ working age adults ■ rest of the UK ■ ■

# POPULATION AT MOST RISK – LIMITED HEALTH LITERACY

- More disadvantaged socioeconomic groups
- Migrants and people from ethnic minorities
- Older people
- People with long-term health conditions
- Disabled people (including those who have long-term physical, mental, intellectual or sensory impairment)



# IMPACT OF LIMITED HEALTH LITERACY



## Low/limited Health Literacy:

- Low knowledge of diabetes
- Use fewer preventative services
- less recall and adherence to medical instructions and healthcare regimes
- Difficult to access appropriate health services
- less effective communication with health practitioners
- Report a sense of shame

# WHAT CAN BE ACHIEVED?

- ▣ Address inequities and not just inequalities
- ▣ Further research needed regarding diabetes inequities (in particular DR)
- ▣ Use of health equity audits
- ▣ Increase collaboration amongst healthcare professionals



The Determinants of Health (1992) Dahlgren and Whitehead

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**Thank you for listening**