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How do PHNEs conceptualised health inequalities? a qualitative study

(Why do inequalities in health matter for nurse?)

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Abstract

- **BACKGROUND:** Nurses have long been identified as key contributors to strategies to reduce inequalities in health. However, health inequalities increased in the UK despite measures put in place to reduce them. This raise questions about: 1) the effectiveness of strategies to reduce health inequalities, and 2) nurses' understanding of how inequalities in health are created and sustained, their nature and level of contribution to reducing inequalities, and their preparedness in terms of political consciousness and/or educational preparation.
- **AIM:** The aim of this qualitative research project is to determine nurses' understanding of public health as a strategy to reduce inequalities in health.
- **METHODS:** 26 semi-structured interviews were conducted with higher education institution-based public health nurse educators.
- **FINDINGS:** Public health nurse educators described inequalities in health as the foundation on which a public health framework should be built. Two distinct views emerged of how inequalities should be tackled: some proposed a population approach focusing on upstream preventive strategies, whilst others proposed behavioural approaches focusing on empowering vulnerable individuals to improve their own health.
- **CONCLUSION:** The synthesis of data from the current study findings and data from the previous studies, informed the development of conceptual framework that describes three dimensions – science, ethics and human right that frames argument about health inequalities.

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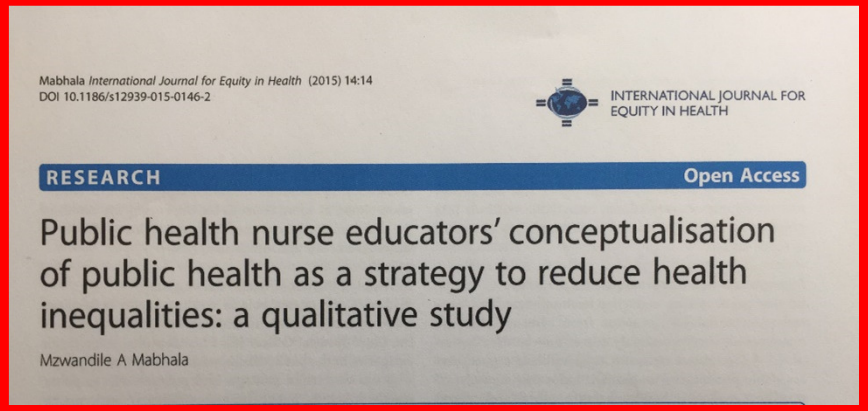
The aim of the study

- To examine PHNE's understanding of public health, and specifically public health principles of social justice and health inequalities

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Design and setting

- Constructivist grounded theory methodology.
- This allowed us to develop explanation on: why health inequalities matter for nurses.
- For methodology detail refer to:


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INTERNATIONAL JOURNAL FOR EQUITY IN HEALTH

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Public health nurse educators' conceptualisation of public health as a strategy to reduce health inequalities: a qualitative study

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Health inequalities as a foundation for embodying knowledge within public health teaching: a qualitative study

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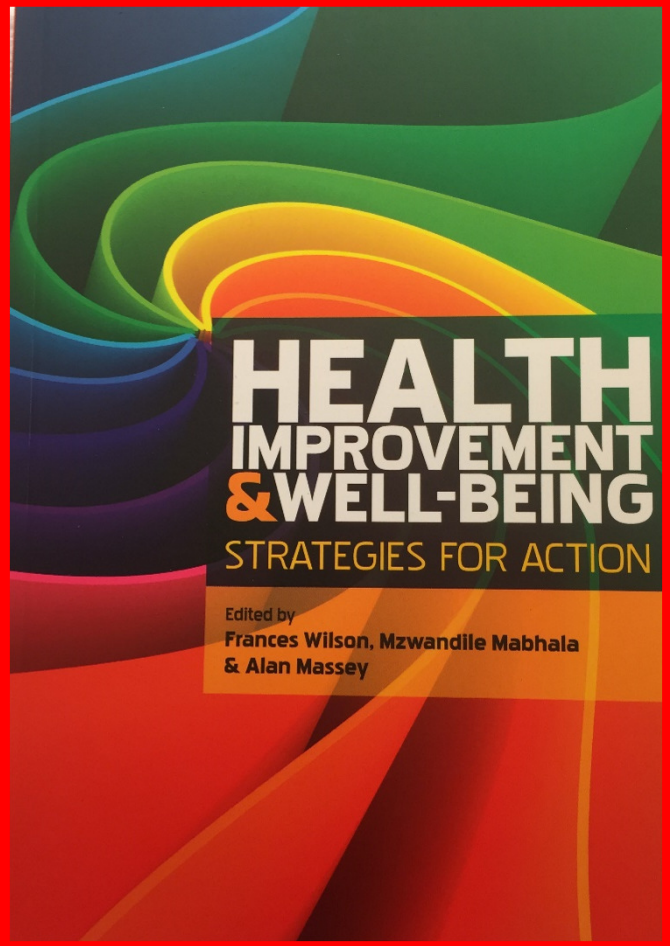
Does public health have a place in nursing profession?

- Few months ago I was asked to deliver a conference session titled: are health inequalities still relevant in the UK public health agenda? I feel this is a valid question for nursing profession.
- The analysis of PHNEs' stories revealed that they see public health as strategy to reduce the inequalities in health.

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Does public health have a place in nursing profession?

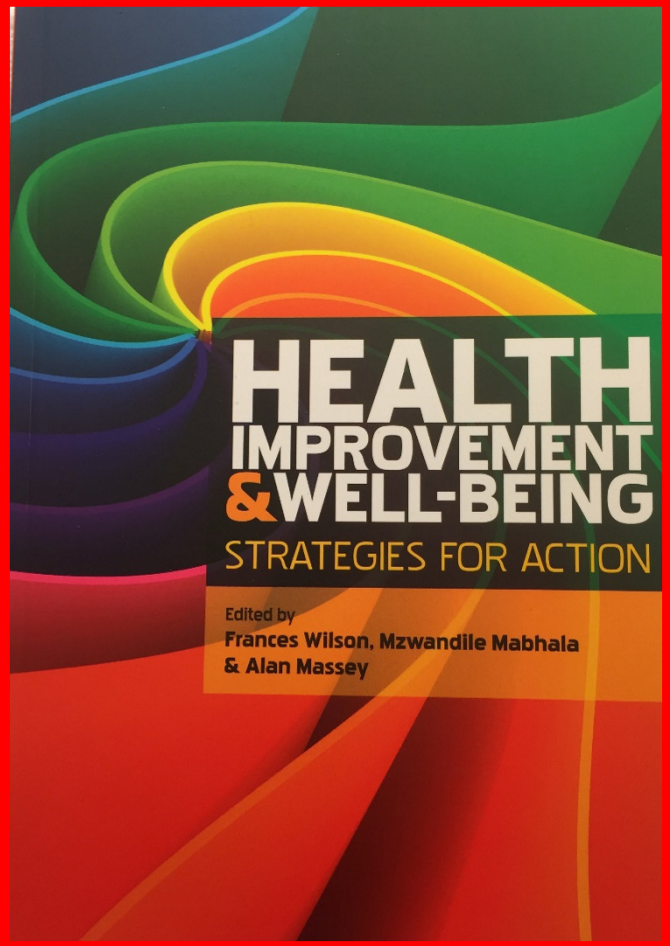
- From this project we concluded that the most appropriate definition of health inequalities is: uneven distribution of health benefits and disease burdens that are unfair, unjust and avoidable [2-5].
- tackling inequalities in health is a matter of social justice [1, 6-10]



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Defining social justice

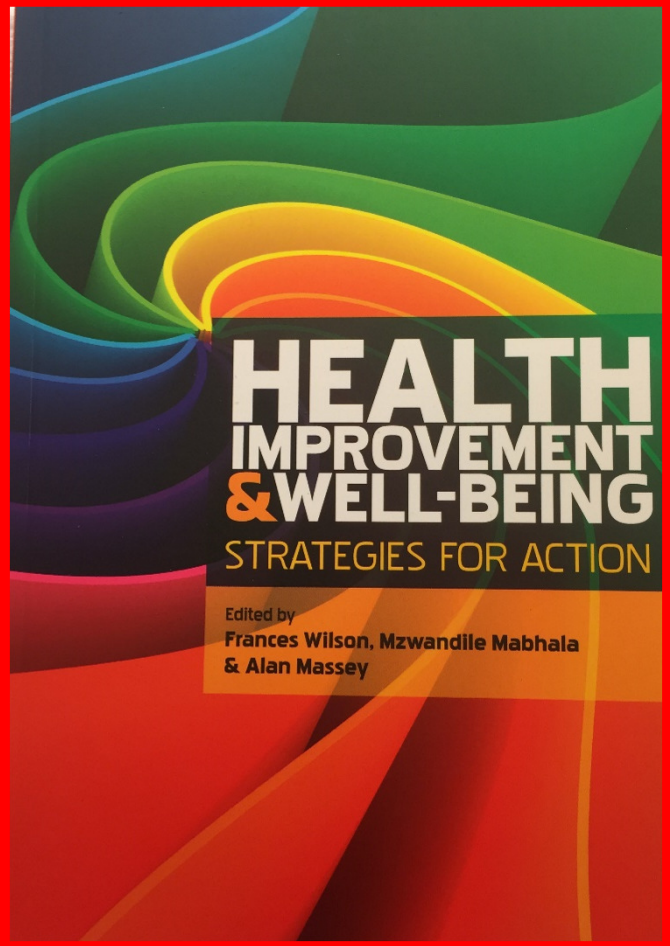
- We defined social justice as an idea of creating a society or social institutions that are based on the principles of equality and solidarity, that understand and value human rights, and that recognise the dignity of every human being (Powers & Faden, 2006, p. 15)



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Defining social justice

- We then took a position that tackling the inequalities in health should be understood as an ethical and moral imperative based upon recognition that all social groups are not treated equally in society [12]



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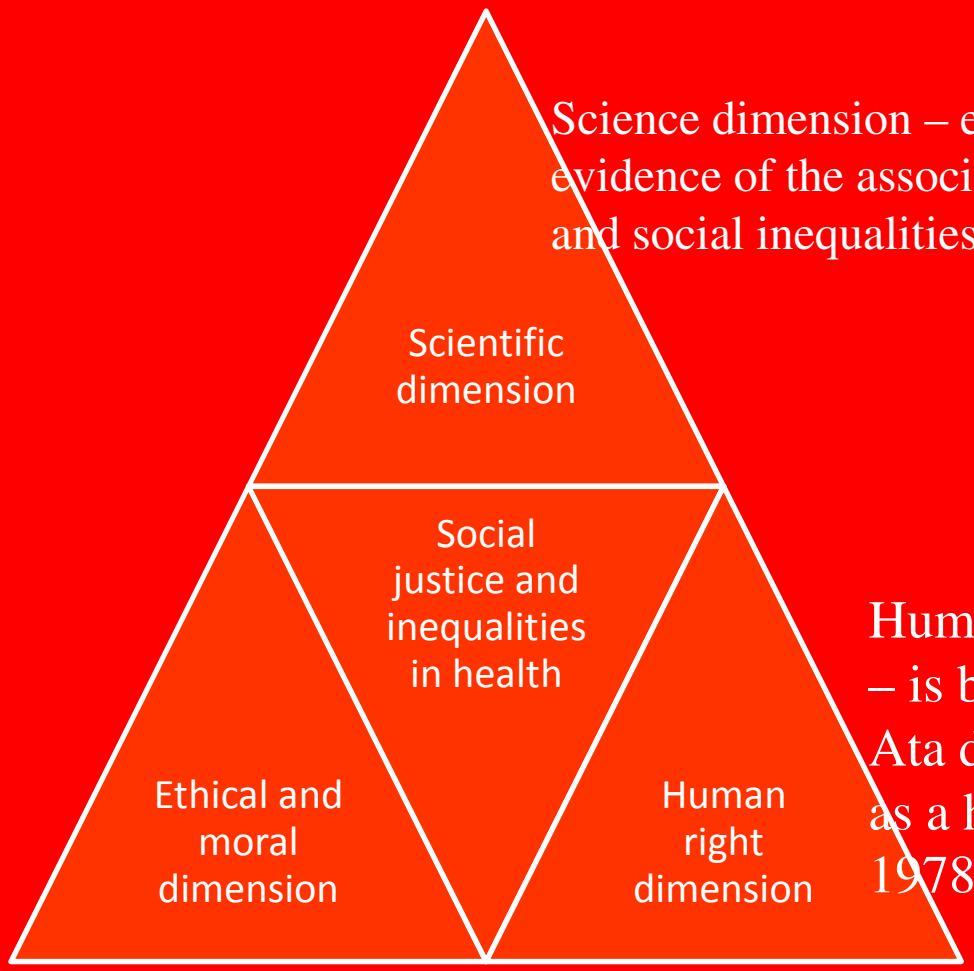
How might be inequalities in health be conceptualised?

- We developed a triad mode for social justice.
- And argued that the debate about tackling the inequalities in health need to be considered in three dimensions

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Three dimensions of health inequalities

Science dimension – enables us to establish evidence of the association between disease and social inequalities



Ethical and moral dimension – views socially produced diseases as unfair and unjust and that tackling them is the right thing to do.

Human rights dimension – is based on the Alma-Ata declaration of health as a human right (WHO, 1978)

Figure 1:1: The triad model of social justice
Source: adapted from Mabhala M. (2012) Embodying knowledge of teaching public health

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Why does health in equalities matter for nurses?

- The evidence suggests that 75% of causes of hospital admission are attributed to what could be considered as lifestyle related disease.
- However, it has also been established that higher prevalence of lifestyle-related disease is among those with most adverse social conditions.

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Why does it matter for nurses?

- It matters because though consensus exists that inequalities and poor health are associated, there is considerable division as to how they are linked and how they can be reduced.
- It has been suggested that the success of strategies to tackle inequalities in health depends on health professionals' commitments to investigating and demonstrating the cause and effect associations between health inequalities and poor health (Krieger, 2007).
- Because the evidence suggest that tackling health inequalities requires nurses who possess a wider vision of public health, who are able to see the connectedness between public health and wider socioeconomic and political systems that produce and sustain inequalities in health.

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What can we do to tackle health inequalities?

- Grumbach, Miller, Mertz & Finocchio (2004) describe three levels of intervention to reduce inequalities:
- 1) reducing an unfair distribution of determinants of health inequalities;
- 2) reducing the unfair distribution of healthcare provision; and
- 3) assisting individuals to overcome avoidable health inequalities.

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What can we do to tackle health inequalities?

- Mackenbach (2003) proposes four imaginary 'ladder of political activism':

1. The first or lowest rung is political passivism – that is, information on health risks and opportunities for health improvement are exchanged within the health sector only, and politicians are only informed if they ask for it.
2. second rung, public health professionals actively disseminate relevant information among politicians, for example by addressing their reports to the government, by drawing the attention of the media, and by participating in advisory committees.

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What can we do to tackle health inequalities?

1. the third rung public health professionals may try to directly influence the political process, for example by lobbying and by actively engaging politicians of specific political parties.
2. On the highest or fourth rung, public health professionals become politicians themselves, trying to obtain positions in government or parliament to reach their objectives

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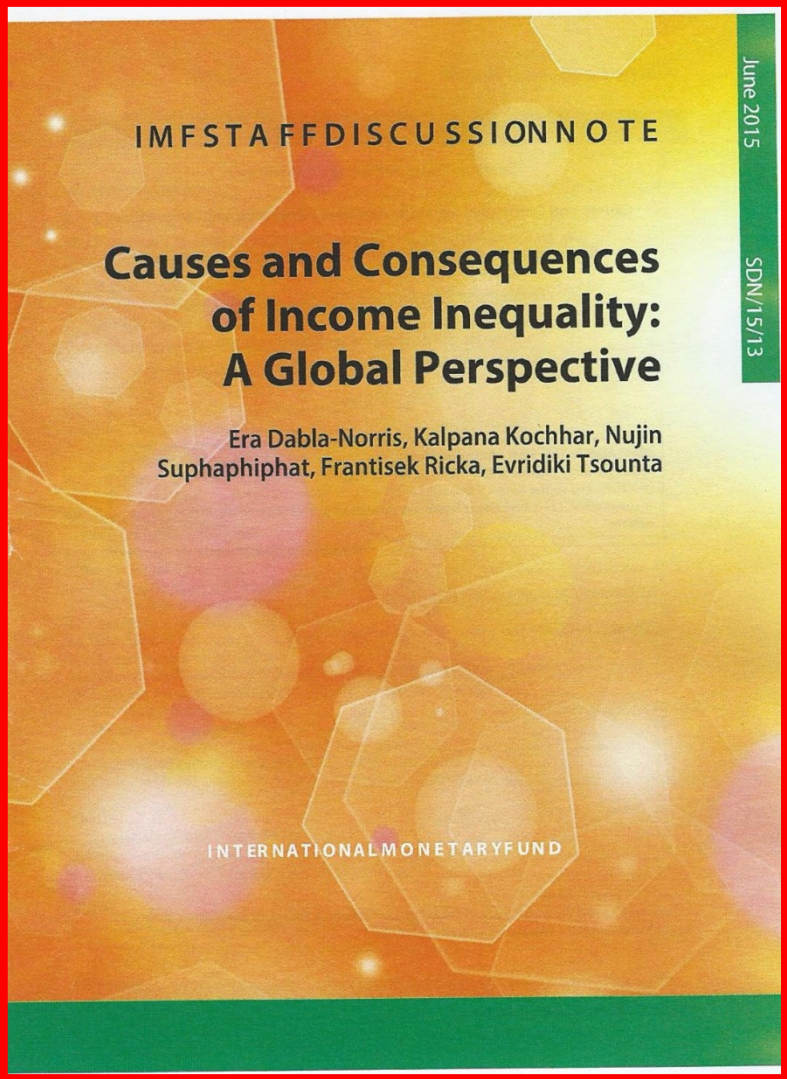
What works best us?

- Despite upstream interventions to reduce health inequalities being proved to have more leverage than individual behavioural interventions when tackling fundamental causes; the evidence shows nurses are most likely to perform individual-family level interventions rather than population approaches.
- So why is that the case? Is it the way they are taught? Is it the way they are professionally socialised? It is their understanding of public health?

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Why does health in equalities matter for nurses?

- Yes because, the evidence show that inequalities in health continue to grow in our society .
- IMF 2015 reported that the top 1 percent now account for around 10 percent of total income in advanced economies



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Why does this matter for nurse?

Key epidemiological function:

- It matters because nurses care about determinant of health and aetiology of disease

Key epidemiological questions in relation to PH:

- **To what extent that health outcome occurs**
- **Is** it a growing problem?
- What causing it?
- How can it be tackled?



Nurse care about the fact that too many people die prematurely due to uneven distribution of the determinants of health.

Nurses believe that tackling health inequalities is a matter of social justice.

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Why do health inequalities matter for nurses?

- It matter because the evidence suggest that for many nurses the calling to nursing profession was driven by two different but complementary perspectives.

1. The first pertains to the scientific function of epidemiology in investigating and establishing the aetiology of social production of disease.
2. The second pertains to the philosophical function of epidemiology as a scientific instrument with moral and ethical purposes.

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Why does it matter for nurses?

- The values described by the participants in this study ie,:
- emphasis on fundamental determinants of health
- Belief in creating evidence that inequalities in the distribution of social goods are fundamental causes of health inequalities;
- Advocate for an equitable distribution of collective goods, institutional resources and life opportunities
- All are consistent with principle of social justice.

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Three dimensions of health inequalities

1. Science dimension – enables us to establish evidence of social production of health and disease.
2. Ethical and moral view is that socially produced diseases are unfair and unjust and that tackling them is the right thing to do.
3. Human rights dimension –based on the Alma-Ata declaration of health as a human right (WHO, 1978), which affirmed health as a human right. The fact that inequalities in health are still prominent in some societies, despite countries' commitment to the Alma-Ata Declaration, indicates that human rights standards and legal obligations relevant to social justice are not being fulfilled in many, perhaps most, places (Levy & Sidel, 2006)

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Conclusions

- It has therefore been suggested that all health care professionals should assume a responsibility to keep the evidence of the association between inequalities in health and poor health before the public's eye so that the suffering can be made actionable, rather than be ignored or accepted as inevitable [6, 10].
- That means, the search for the organic causes of ill health, need to be matched with the hypothesis that social, economic and political institutions, and decisions that create, reinforce and perpetuate economic and social privilege and inequality, are fundamental causes of social inequalities in health.

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- Enkosi
- obrigado
- Baie dankie
- Thank you very much
- I will be delighted to take questions if any