



NCD Policy Interventions and the Socioeconomic Environment :Equity considerations?

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Introduction

Objective of presentation :

To broadly examine NCD Policy interventions within the context of equity.

A note on sustainable development and health:

“Health is both a result of, and contributor to, sustainable human development.” (Alleyne et al 2013, 568).

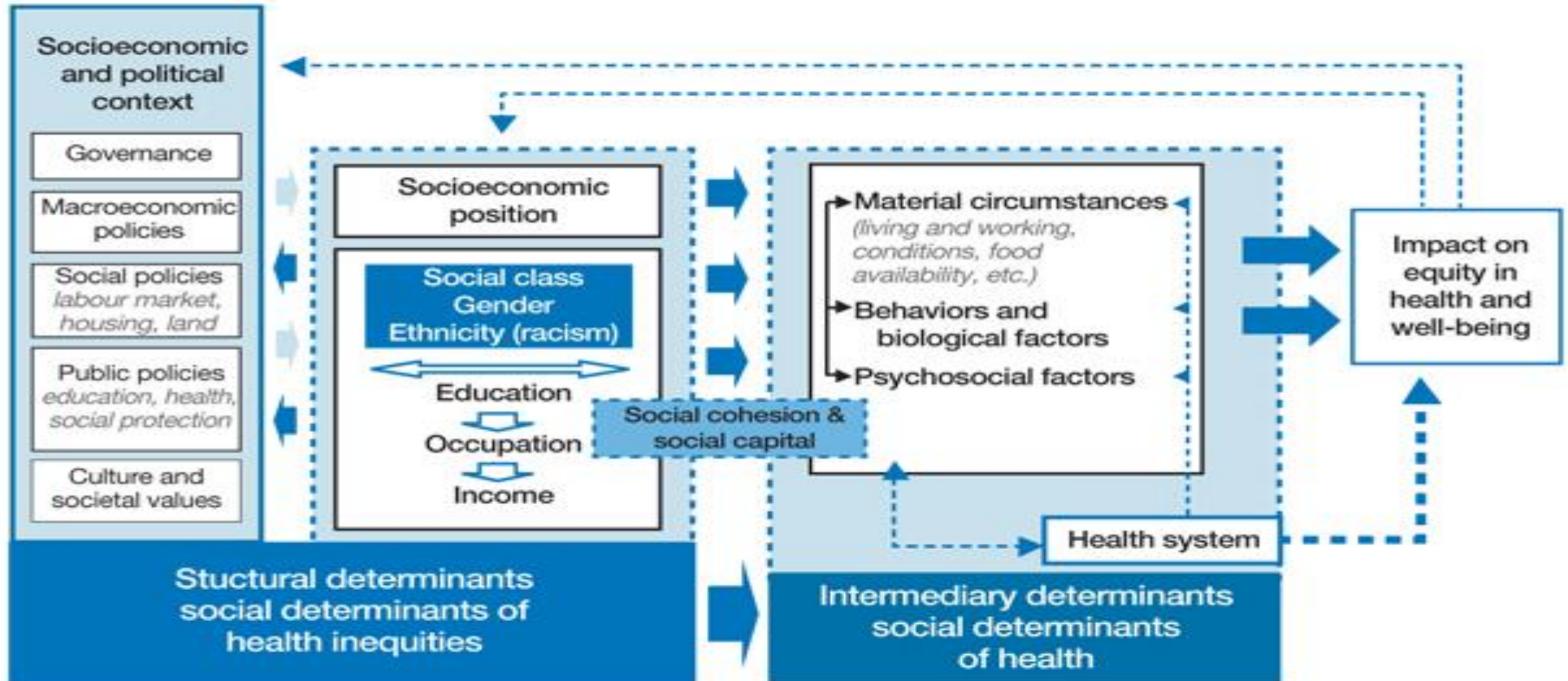
“Good economics begins with a concern for the conditions under which people live” (Lewis, 1948)

Sustainable development seeks to improve these ‘conditions’ over time acknowledging the central role of health. It is asserted here that this would include reducing the impact of the constraints which these ‘conditions’ may place on human development.

Health and the socioeconomic environment

- ▶ Beckford (1972, xxv) noted that “*social, cultural, political psychological and other noneconomic variables influence the economic behaviour of individuals and groups in every society...*” This rings true for both economic behaviour and health behaviour.
- ▶ The existence of a socioeconomic gradient in health is well documented and correlations have been observed between measures of socioeconomic status and health outcomes in both developed and developing countries (Marmot et al 1991; Maty et al 2008).
- ▶ In the Caribbean, for Barbados and Jamaica associations have been suggested between socioeconomic status and health over the life course and mediators such as life styles and past health status (Hutchinson et al 2004; Hambleton et al 2005)

Conceptual Framework for Action on the Social Determinants of Health (Solar O, Irwin A. 2010)



Non Communicable Diseases (NCDs)

- ▶ Non Communicable Diseases (NCDs) have replaced infectious diseases as the leading causes of global mortality.
- ▶ The four major NCDs are cardiovascular diseases (ischaemic heart disease and stroke), cancers, diabetes and chronic respiratory diseases and are mainly attributable to age, genetics and four **modifiable behavioural risk factors**—tobacco use, insufficient physical activity, harmful alcohol use and an unhealthy diet (WHO 2011).
- ▶ In fact, the WHO (2005) indicated that the NCD risk factors were eliminated it would prevent 40% percent of all cancers and 80% of stroke type two diabetes and heart disease globally.

NCDs and Equity

- ▶ Health equity is a normative notion grounded in the concepts of justice and fairness and may be defined as “...*the absence of systematic disparities in health (or in the major social determinants of health) between groups with different levels of underlying social advantage/disadvantage—that is, wealth, power, or prestige...equity in health means equal opportunity to be healthy, for all population groups*” (P Braveman, S Gruskin, 2003, 254).
- ▶ Whitehead (2000,7) acknowledges that “*the aim of policy for equity and health is not to eliminate all health differences so that everyone has the same level and quality of health, but rather to reduce or eliminate those which result from factors which are considered to be both avoidable and unfair.*”
- ▶ The principle of equity is often applied in terms of **health outcomes** or inequities in factors known to impact health outcomes such as access to medical care. However inequity may exist in the **process** which produces these outcomes.
- ▶ Utilising an economic approach, it must be acknowledged that individuals make choices (decisions) based on both their preferences and “*the constraints of their circumstances.*” (Contoyannis and Jones, 2004, 966).

NCD Interventions

NCD interventions:

- ▶ WHO Best Buys
- ▶ CARICOM's NCD Strategic Plan
- ▶ PAHO's Strategic Plan

Will these interventions find success?

It depends

- ▶ Health outcomes particularly NCD outcomes are heavily dependent on **individual choices about health behaviour**. These choices are not made in a vacuum but are influenced by the socioeconomic environment.
- ▶ “It is increasingly accepted, on the basis of much evidence, that approaches to reducing obesity, the major risk factor for type 2 diabetes, “that are firmly based on the principle of personal education and behaviour change are unlikely to succeed in an environment in which there are plentiful inducements to engage in opposing behaviours” (WHO,2011 pp.91)

The Way forward?

For true equity, interventions must address both phenomena (**process** and **outcome**).

We need to understand this process, this requires:

► Research :

- How do socioeconomic status and NCDs interact in the Caribbean over the life course?
 - equality of opportunity in health?
 - Health index?
 - Longitudinal studies on NCDs and socioeconomic status?



Simplified schematic of SES-Health interactions in the health decision making process

Thank you!