



UK Health
Security
Agency

Are people able to follow our advice? Bringing a health equity lens to health protection response work

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What do we mean by health inequalities

Differences in the status of people's health, the care that people receive and the opportunities that they have to lead healthy lives

Health inequalities can therefore involve differences in:

- **health status**, for example, life expectancy
- **access to care**, for example, availability of given services
- **quality and experience of care**, for example, levels of patient satisfaction
- **behavioural risks to health**, for example, smoking rates
- **wider determinants of health**, for example, quality of housing

In England, health inequalities are often analysed and addressed by policy across four types of factors:

- **socio-economic** factors, for example, income
- **geography**, for example, region or whether urban or rural
- **specific characteristics** including those protected in law, such as sex, ethnicity or disability
- **socially excluded groups**

The legal duties

- As an executive agency of DHSC, the UKHSA is legally required to comply with the Equalities Act 2010.
- The Public Sector Equality Duty (PSED) is a statutory requirement under s.149 of the Equality Act 2010 that requires public authorities to have due regard to:
 - Eliminate unlawful discrimination, harassment, victimisation.
 - Advance equality of opportunity between those people who share a protected characteristic (listed in Table 1) and those who do not.
 - Foster good relations between people who share a protected characteristic and those who do not
- Consideration given to whether response activities might
 - **reduce** existing inequalities, **exacerbate** them or **create new** health inequalities
 - how to **mitigate** any negative impact.

Health protection inequalities

- An **increased chance of contracting an infection or experiencing harm when exposed to an environmental hazard**, which may be due to
 - differences in living and working conditions;
 - access to and uptake of vaccination, testing and treatment; or the
 - impact of underlying illnesses.
- People may also experience **inequalities due to a differential ability to access or take up control measures, or because control measures disproportionately impact** them.
 - Consideration should be given to whether response activities might reduce existing inequalities, exacerbate them, create new health inequalities, or disproportionately impact those with any of the protected characteristics.
 - These considerations should then guide recommendations to mitigate any negative impacts and maximise opportunities to improve health inequalities.
- **Syndemic aspects** – interaction of factors leading to increased impact

The principles of health protection

Are the people most at risk being offered advice and interventions to protect themselves and their families

SURVEILLANCE

CONTROL

PREVENTION
(preparedness)

Primary prevention

Vaccination

Food hygiene

Secondary prevention

Advice about reducing risk of transmission to others

The principles of health protection

What do we know from the data?
How good are we at counting and describing inequalities

SURVEILLANCE

**PREVENTION
(preparedness)**

CO

- We don't collect reliable, systematic information about characteristics that might make someone more vulnerable to an infection or that might make it more difficult for them to follow our advice
- Lack of good denominator data
- Lack of granular data about local population
Other organisations have this – how can we work better together to understand the health protection needs at local level

The principles of health protection

CONTROL

COMMUNICATION

What is the impact of the control measures we put in place?

How well is our advice followed?

Is it different for different groups, different infections, different populations?

Excluding children from school / people from work

Restricting visitors to care homes

Trust in who is giving the advice
'Security Agency'

Do people realise that we consider them to be 'at risk'?

The principles of health protection

Lots of information
Mostly written
Very detailed – lots of scientific stuff
Language / translation
Is the public health advice / action lost?

How do we give information and advice?

What is the most important thing we want people to know?

CONTROL

COMMUNICATION

How well do we give our advice / communicate our messages?
And do people follow the advice? If not, why not

What can we do?

- Be aware and consider in a systematic way
 - Individual cases
 - Outbreaks
- Use COM-B model when assessing situation
 - Capacity, Opportunity, Motivation
 - What and how can we influence the different aspects
- Health literacy work
 - Review our current materials
 - What is the most important message?
- Knowing what else is out there that we can use / link with

Challenges

- There will be 'red lines' or must-do things
 - Sometimes these will increase inequalities or impact certain groups more than others
- Acknowledge this – both in professional discussions and with those affected.
 - Explain why it needs to be done
 - Offer support
 - Link with partner organisations

Any questions?