

BRIEFING PAPER FOR ELECTED REPRESENTATIVES

Community Planning: The key to tackling health inequalities

Introduction

Community planning presents an important opportunity to tackle health inequalities. This briefing paper outlines how elected representatives can make a difference to the unequal and unfair distribution of health which exists in and between councils. Ten action points are suggested as a way for councils to improve the quality of life of their citizens.

10 actions to tackle health inequalities through community planning:

1. Include health inequality targets as outlined in the 'Investing for Health' strategy in all Community Plans.
2. Ensure health inequality targets have cross-cutting goals across key areas which have an impact on quality of life for people and communities e.g. education, housing, planning and economic development.
3. Ensure voluntary and community participation on the Community Planning Partnership.
4. Use the Community Development and Health Network 'Toolkit on Engagement' to involve local people as co-designers, co-planners and co-providers of services.
5. Link to existing area-based partnerships to ensure local organisations are involved e.g. Community Safety Partnerships, Investing for Health Partnerships and Healthy Living Centres.
6. Actively encourage individuals to take responsibility for their own health.
7. Ensure targets for all areas of community plans such as transport and planning facilitate health improvement.
8. Train all community planning partners with the skills to tackle health inequalities through understanding the social model of health, community development practices and health impact assessments.
9. Develop a local community health profile and engage with communities to build a baseline health audit for future monitoring of progress.
10. Monitor and evaluate community planning outcomes to ensure they tackle health

What are the benefits of considering health inequalities in Community Planning?

Our health is greatly influenced by factors such as the areas in which we live, what we earn, our level of education, our housing and our networks. In Northern Ireland as in many other countries, some groups of people particularly the most disadvantaged have much poorer health than those with more resources. Gaps in health status between different groups of people are known as health inequalities and they arise mainly because of the great differences in our living conditions and social circumstances. For example men from the highest socio-economic group in Northern Ireland live on average six years longer than men from the lowest group; the difference for women is four years¹. Community planning has the potential to influence measures which can make a huge difference in our everyday social and community life, such as education, employment, housing, environment and transport.

Through joined-up working community planning can provide the cross-sectoral approach essential to improving public health. By implementing these ten actions the quality of life for communities will be improved. Reduced crime rates, improved housing and transport and

¹ Department of Health, Social Services and Public Safety (2002) Investing for Health strategy.

increased opportunities for local participation will all impact positively on community social, mental and physical health. By making health inequalities a top priority, councils, through community planning can make a real contribution towards ensuring better health for all and reduce the unfair gap between different groups.

Health inequalities in Northern Ireland.

The extent of health inequalities in Northern Ireland is shown by these examples:	
Socio-economic status	<ul style="list-style-type: none"> • Generally, people in lower socio-economic groups tend to have higher incidence of cancer and poorer cancer survival rates. • There is a higher prevalence of long-standing illness among people in the lower socio-economic classes – 30% of professionals/managers suffered from long-standing illness compared to just under half (47%) of unskilled workers. • In deprived urban areas, suicide rates are higher than the Northern Ireland average² and the majority are by males (76%)³.
Transport	<ul style="list-style-type: none"> • Social exclusion can be exacerbated by transport provision and location of services. A lack of transport can be seen as a barrier to getting a job. Access to healthcare can be affected as people may miss medical appointments due to transport problems. • In relation to road traffic, higher rates of pedestrian accidents, air pollution, noise and the effect on local communities of busy roads cutting through residential areas are higher in socially excluded areas
Housing	<ul style="list-style-type: none"> • People who rent in the public sector are nearly half as likely as those who own their home to have a very good quality of life⁴.
Employment	<ul style="list-style-type: none"> • People who are unemployed are a third less likely than those in employment to have a high general mental health score⁵. • More unemployed people experience a great deal of stress (17%) compared with those in employment (10%). Unemployed people are also more likely to have a potential psychological illness (30%) than those who are either economically inactive (25%) or employed (16%)⁶.
Education	<ul style="list-style-type: none"> • People with no formal education qualifications are half as likely as those with third level education to have excellent/very good health⁷.

Summary

The community planning process presents a real opportunity to tackle health inequalities. It is unjust that people suffer such huge differences in the opportunity for good health due to social and economic circumstances. The ten action points highlight how community planning can contribute to tackling inequalities in health and lead to improved quality of life for people.

This paper has been prepared by the following organisations:



www.publichealth.ie



www.cdhn.org



www.nicva.org



www.healthpromotionagency.org.uk/

² Equality and Inequalities in Health and Social Care in Northern Ireland: A Statistical Overview (2007), DHSSPS and NISRA
^{3, 6} Equality and Inequalities in Health and Social Care in Northern Ireland: A Statistical Overview (2004), DHSSPS and NISRA
^{4, 5 & 7} Balanda, K and Wilde, J (2003), Inequalities in Perceived Health, The Institute of Public Health in Ireland