



Tackling Health Inequalities: An All-Ireland Approach to Social determinants – what next?

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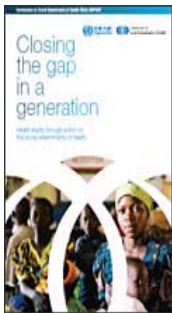
Aims

- Highlight and discuss key findings from the All-Ireland report
- Consider future directions in research and practice addressing the social determinants of health in Ireland
- Consider our current policy instruments in how they take account of the social determinants of health
- Explore learning from the CSDH

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Social determinants of health



The development of a society, rich or poor, can be judged by the quality of its populations health, how fairly health is distributed across the social spectrum, and the degree of protection provided from disadvantage as a result of ill-health.

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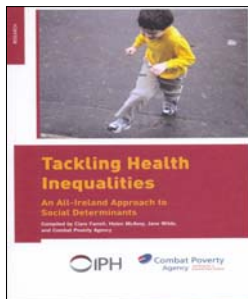
CSDH – key elements

1. Improve daily living conditions
2. Tackle the inequitable distribution of power, money and resources
3. Measure and understand the problem and assess the impact of action

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Health inequalities



Unfair or unjust health differences between social groups, generated by social conditions

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Health inequalities

- The death rate for all causes in the lowest occupational class was 100 to 200% higher than the highest occupational class.
- Travellers live on average 10 to 12 years less than the general population
- Almost half of people in consistent poverty report a chronic illness, compared to 23% of the general population
- Babies born to parents whose occupational status is classified as unemployed or is not stated, were at around twice the risk of being born low birthweight in 1999, when compared to those parents recorded as higher professionals.

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IPH Research perspectives

- What type of evidence do we need?
- What sort of research should be prioritised?

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IPH Causes and responsibility

The unequal distribution of health-damaging experiences is not in any sense a natural phenomenon but is the result of a toxic combination of poor social policies and programmes, unfair economic arrangements and bad politics.

