



MAY
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MONTREAL
CANADA

SOCIAL POLICY AND HEALTH INEQUALITIES:

An International perspective

Panel 3: Monitoring health inequalities - Stefano Campostrini

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Montreal, 05/08/2014



Public Health Surveillance

World Health Organization defines *public health surveillance* as

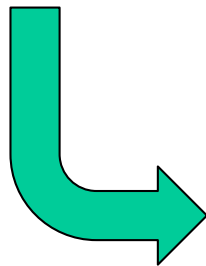
“the continuous, systematic collection, analysis and interpretation of health-related data needed for the planning, implementation, and evaluation of public health practice. Such surveillance can: serve as an early warning system for impending public health emergencies; document the impact of an intervention, or track progress towards specified goals; and monitor and clarify the epidemiology of health problems, to allow priorities to be set and to inform public health policy and strategies.”

http://www.who.int/topics/public_health_surveillance/en/

NCDs as the major challenge for public health

Risk Factors as (one) of the more attackable targets

Health Promotion and Prevention as the major tools for tackling NCDs



BRFS fundamental Information
System for NCDs+Health Promotion



Behavioral Risk Factor Surveillance



WARFS White paper

http://www.iuhpe.org/images/GWG/WARFS/WARFS_white_paper_draft_may_2011.pdf

Conditions stand...

BRFS must be

- Systematic
- Timely
- Specific
- Linked to action

BRFS as a support for decision making

An Italian example



PASSI (steps) : "Health Progresses by the Local Health Units in Italy"

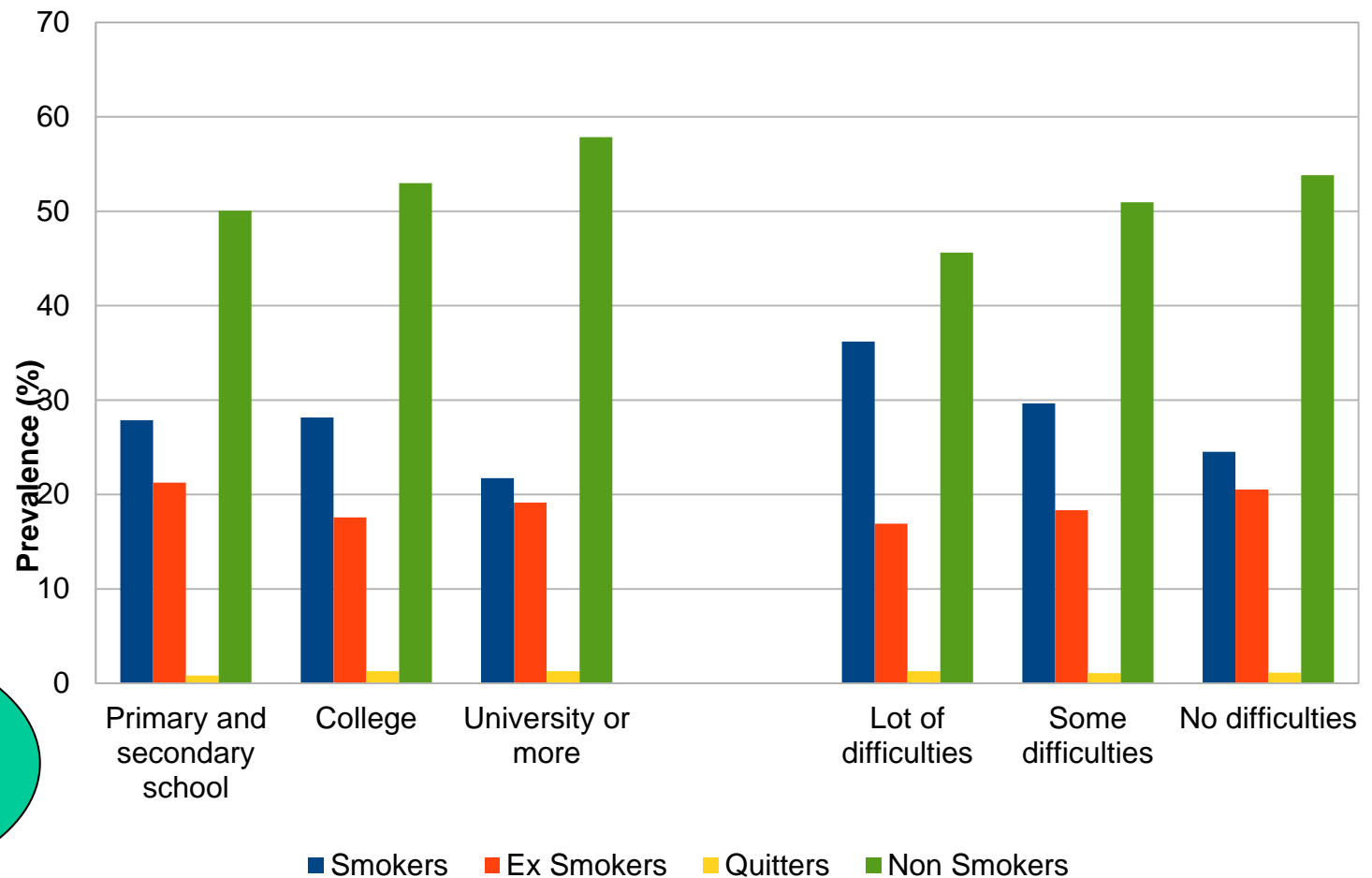


- 57 million inhabitants
- 20 regions
- universal health care and preventive services
→ local health units (ASL): 1 unit per 300 000 residents (100 000 – 1 000 000)

Inequalities and surveillance



Smoking habits prevalences by study title and by difficulties to reach the end of the month

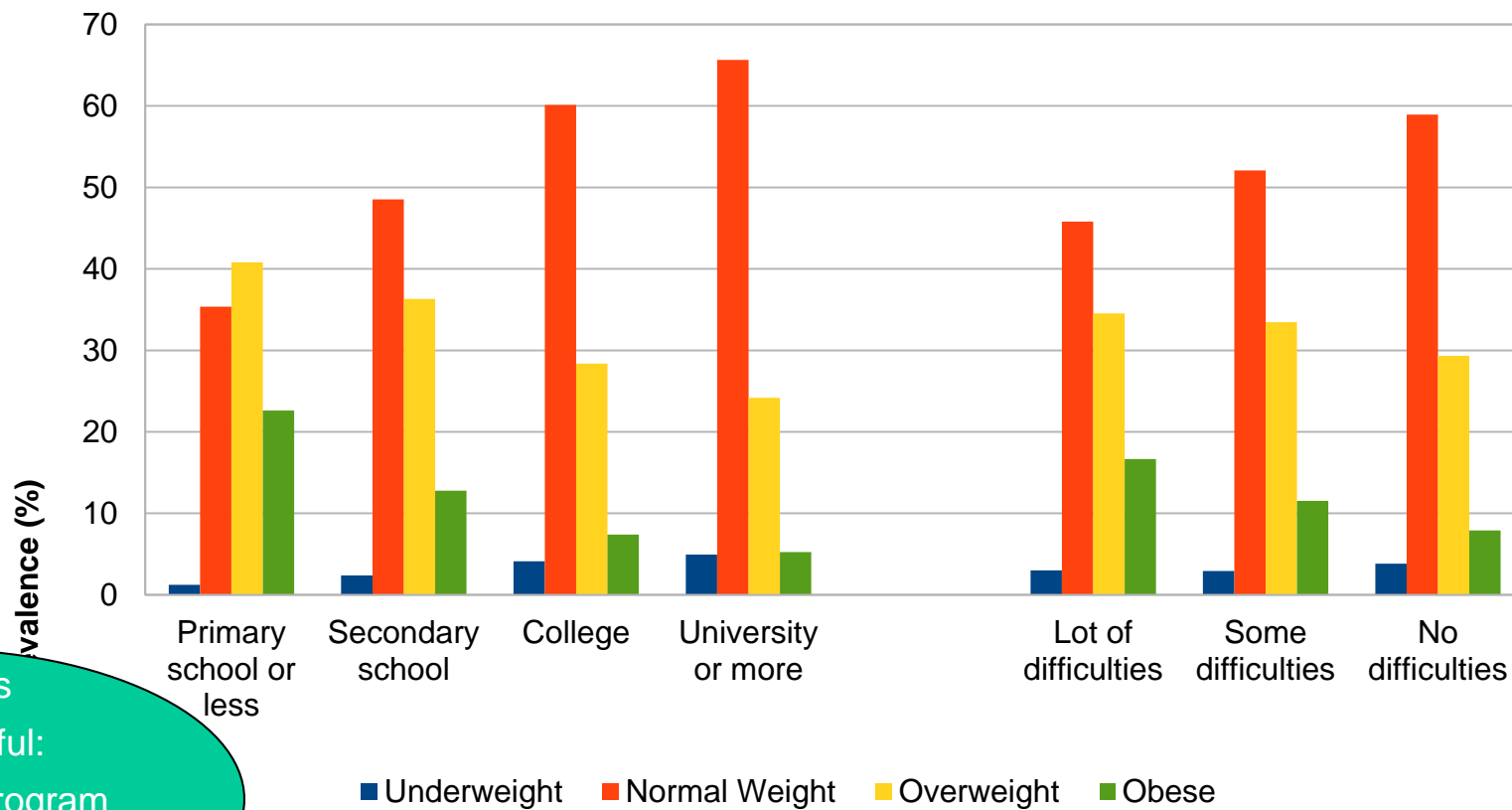


Good to know, but:
what's the news?

Inequalities and surveillance



Body Mass Index distribution by study title and by difficulties to reach the end of the month



Well, if it is local is useful: to decide the program and how it is should be carried out

Inequalities and surveillance



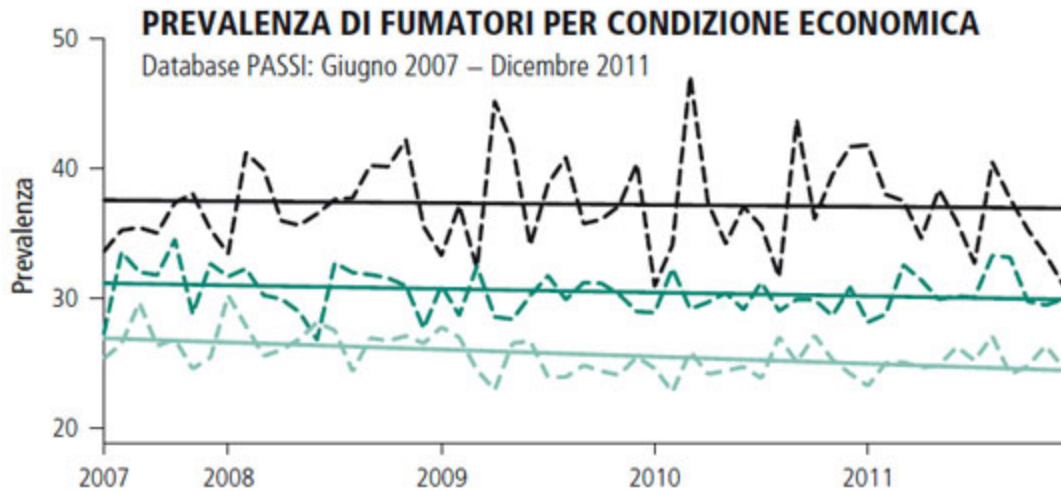
Elaborazione a cura di
Gianluigi Ferrante,
Valentina Minardi,
Valentina Possenti,
Elisa Quarchioni,
Maria Masocco,
Stefania Salmaso,
Marco Braggion,
Stefano Campostrini,
Sandro Baldissera
e Gruppo Tecnico PASSI

www.epicentro.iss.it/passi

FUMO: PREVALENZA IN CALO PER TUTTI, MA RESTA IL DIVARIO TRA CATEGORIE SOCIOECONOMICHE

Trend dell'abitudine al fumo per condizione economica

POOL DI ASL PASSI 2007-2011. ETA' 18-69 ANNI. n. 168.252 – Sistema di sorveglianza PASSI – dati raccolti in 126/148 ASL



Prevalenza Trend

Molte difficoltà - - - - - ———

Qualche difficoltà - - - - - ———

Nessuna difficoltà - - - - - ———

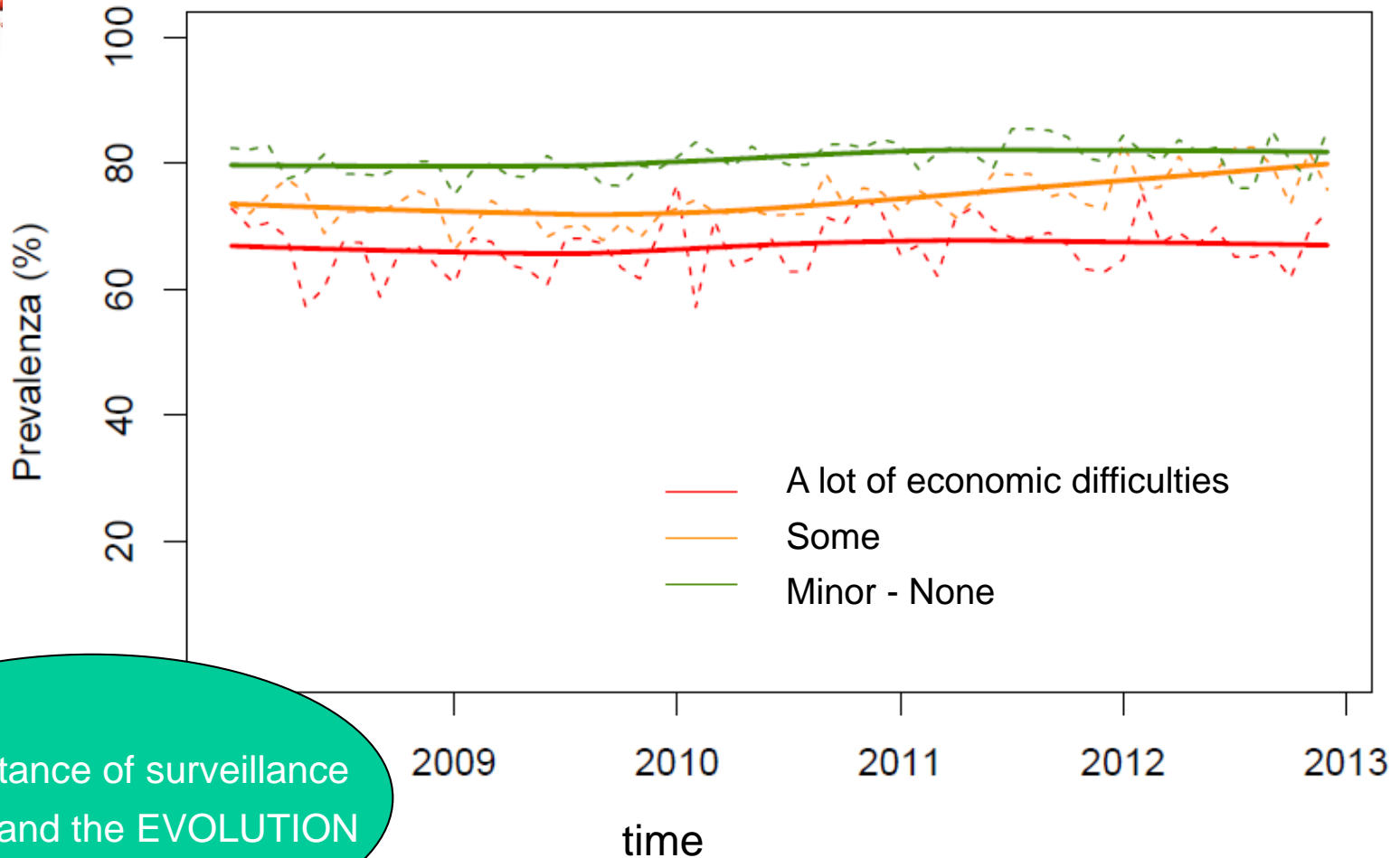
The importance of surveillance to understand the EVOLUTION

...2011 si è verificato un calo significativo della prevalenza dei fumatori a livello nazionale, ma il divario tra le categorie socioeconomiche è rimasto invariato. Di conseguenza, nel futuro è prevedibile che l'impatto dei fattori di salute continuerà a essere più sfavorevole per le persone con maggiori difficoltà economiche, a causa degli effetti dei numerosi fattori di rischio che le colpiscono maggiormente. Per contrastare l'abitudine al fumo, sono stati attuati programmi più incisivi, mirati alle categorie più svantaggiate.

Inequalities and surveillance



Cervical screening in the last 3 years

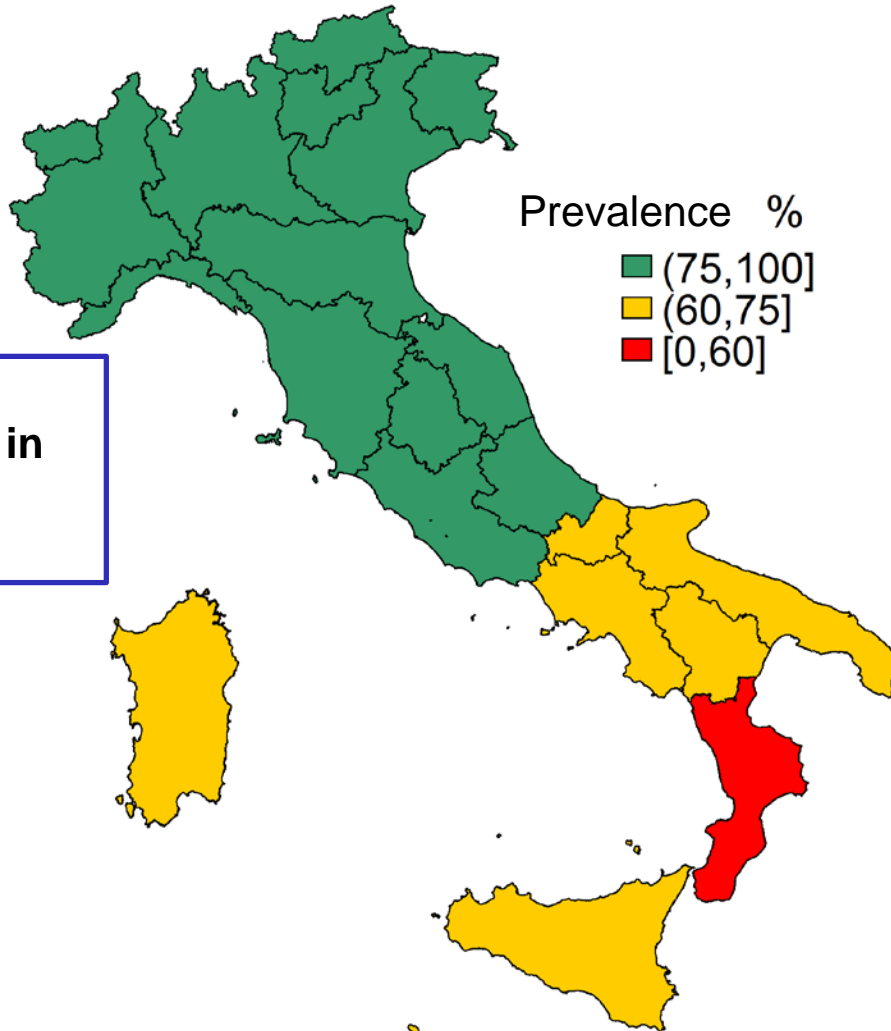


The importance of surveillance to understand the EVOLUTION

Inequalities and surveillance



**Cervical
screening in
the last 3
years**

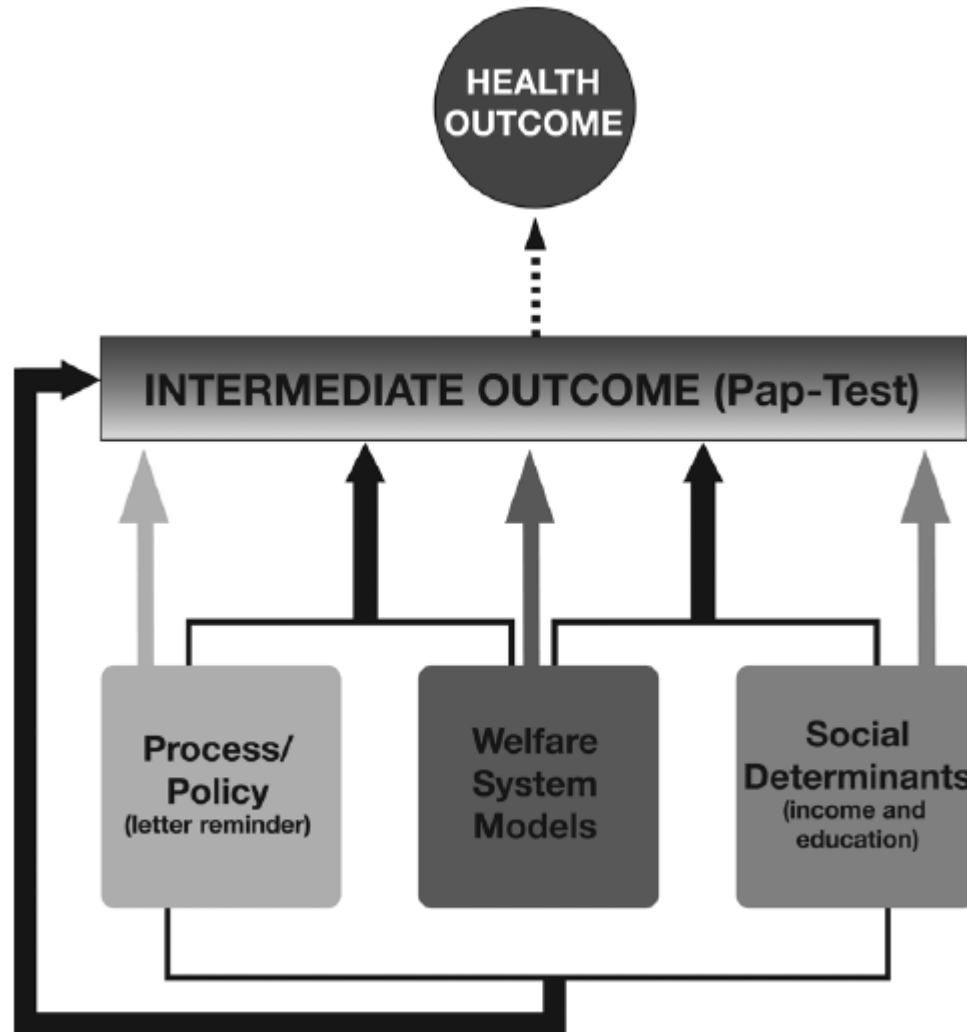


Geographical (and welfare systems) related aspects

Inequalities and surveillance



Relationships (and mechanisms)
can be complex





Social Determinants of Health and surveillance: the challenges

- ❖ It remains critical to (continuously) monitor the SDOH + to understand the mechanisms by which the SDOH operate in producing health disparities/inequities.
- ❖ We need “good” surveillance systems and ability to measure several SDOH variables and/or the capability to link information on health outcomes to the causes (risk factors) and to the measures of the “causes of the causes”, the SDOH (social and cultural capital, urban settings, to name a few, beside the classical income and education).
- ❖ We need significant resource investment on data collection and a profound emphasis on in depth analysis on SDOH.
- ❖ Research should go beyond mere description of SDOH and health inequalities should explore why and how social factors operate in producing health inequalities in order to understand how changes can be made to address the public health implications of the SDOH.