



Public Health
England

Protecting and improving the nation's health

Assessing public facing AMR activities using the Health Equities Assessment Tool

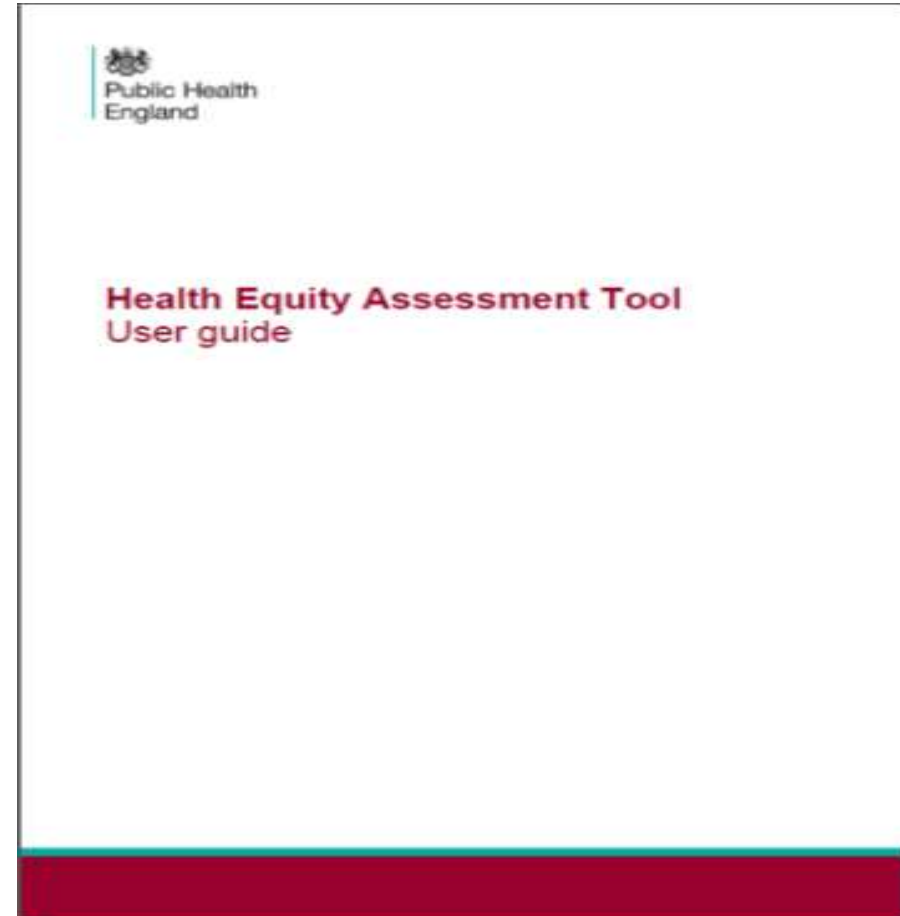
Antibiotic Guardian Conference
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Outline

- Health inequalities
- Health Equity Assessment Tool
- Assessment of PHE Public Facing Campaigns
- Questions



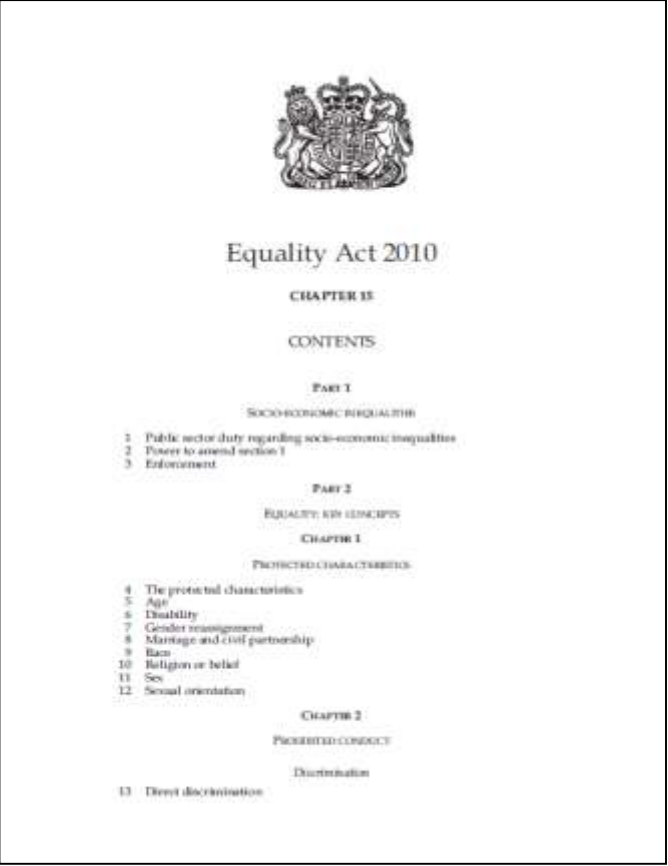
Health Inequalities

- Health inequalities are differences in health between people or groups of people that may be considered unfair
- Public bodies have a duty under the Equality Act 2010, to ensure it considers the needs of all individuals in day to day work in shaping policy and delivering services
- Males living in the most deprived areas can expect to live 9 fewer years compared to those that don't (females 7 fewer years)
- Persistent 'north-south' divide in life expectancy and healthy life expectancy
- Life expectancy at birth in England has generally increased in recent decades it has reached 79.5 for males and 83.1 for females

Protected Characteristics

As defined in the Equality Act 2010:

- age
- disability
- gender reassignment
- marriage and civil partnership
- pregnancy and maternity
- race
- religion or belief
- sex
- sexual orientation



Equality Act 2010

CHAPTER 15

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PART 1

SOCC-ECONOMIC EQUALITY

1 Public sector duty regarding socio-economic inequalities
2 Power to amend section 1
3 Enforcement

PART 2

EQUALITY: KEY CONCEPTS

CHAPTER 1

PROTECTED CHARACTERISTICS

4 The protected characteristics
5 Age
6 Disability
7 Gender reassignment
8 Marriage and civil partnership
9 Race
10 Religion or belief
11 Sex
12 Sexual orientation

CHAPTER 2

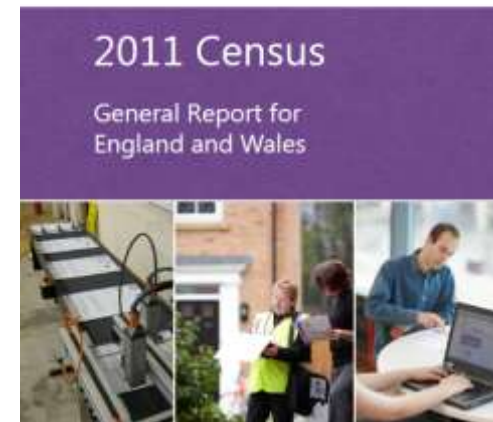
PROHIBITED CONDUCT

Discrimination

13 Direct discrimination

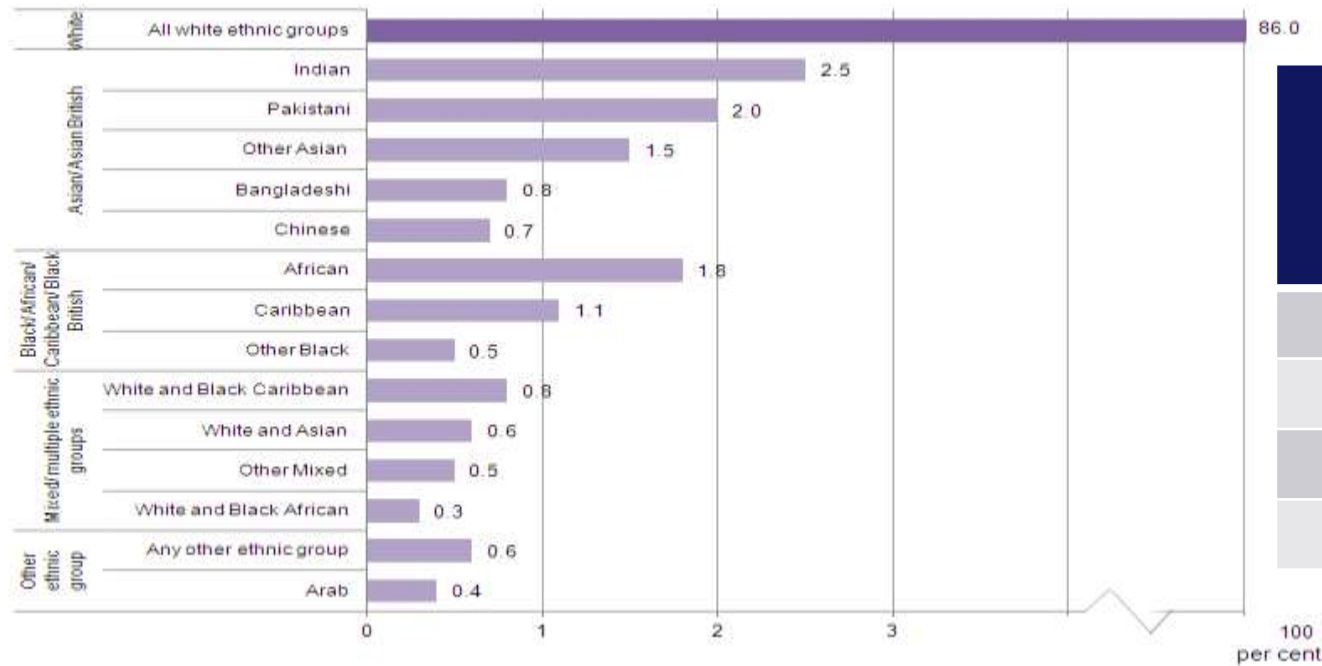
Census - Overview

- Last conducted in March 2011
- The population of England had increased by 3.6 million (7.2 per cent) since the estimate of 49.5 million in 2001; the increase in Wales was 153,000 (5.3 per cent).
- The percentage of residents aged 65 and over (16.4 per cent or one in six) was the highest seen in any census of England and Wales.



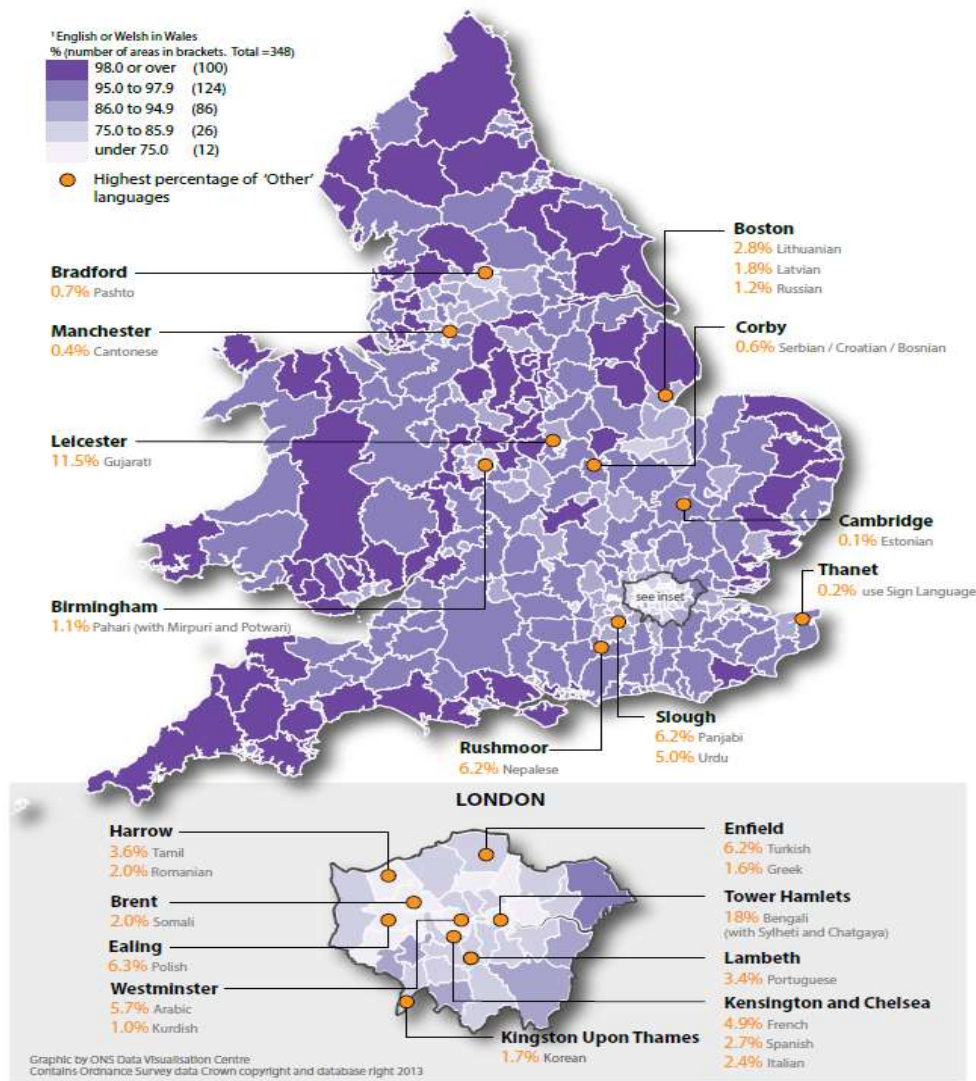
Census – Ethnic Groups

England and Wales has become more ethnically diverse, with increasing numbers of people identifying with minority ethnic groups in 2011.



Year	Population identified themselves as 'White'
1991	94.1%
2001	91.3%
2011	86%
2021	??

Census – Main Language



Main Language	Number (Thousands)	Per cent
English	49,808	92.3
Polish	546	1.0
Panjabi	273	0.5
Urdu	269	0.5
Bengali (with Sylheti and Chatgaya)	221	0.4
Gujarati	213	0.4
Arabic	159	0.3
French	147	0.3
All other Chinese	141	0.3
Portuguese	133	0.2
Spanish	120	0.2

Reflective Question

Does the information you provide on AMR/AMS to patients and the public reflect the needs of your local population?

Effective Interventions within AMR

- CINAHL, Cochrane Library, EMBASE, MEDLINE and PsycINFO databases were searched between 2000 and 2016
- In-depth examination of the effectiveness of interventions that target the public to increase their knowledge and understanding of AMR and engagement with antimicrobial stewardship behaviours
- Analysis has shown that interventions targeting school children and parents have notable potential
- The picture is less clear when targeting interventions at the general public
- Need could be addressed through development of well-designed AMR-related interventions robustly grounded within behavioural and social science theory

Ref: Price et al, Effectiveness of interventions to improve the public's antimicrobial resistance awareness and behaviours associated with prudent use of antimicrobials: a systematic review, March 2018

Health Equity Assessment Tool (HEAT)

- Developed by Public Health England (PHE) using the same principles as the WHO HEAT
- PHE role is to protect and improve the nation's health and wellbeing, and reduce health inequalities
- The Health Equity Assessment Tool helps teams to systematically identify opportunities to measure, monitor and reduce health inequalities through their public health work programmes
- HEAT has been applied across numerous programmes in PHE Region and Centres and Local Authorities



Box: Examples of dimensions or characteristics to consider

Protected characteristics (Equality Act 2010):

- age
- sex
- race
- religion or belief
- disability¹
- sexual orientation
- gender reassignment
- pregnancy and maternity
- marriage and civil partnership

Socio-economic differences by individual socio-economic position e.g. NS-SEC, employment status, income, area deprivation

Area variations by deprivation level (IMD), service provision, urban/rural or in general

Excluded and underserved groups for example homeless people, people in prison, or young people leaving care

HEAT - Stages

There are five stages to the assessment:

- Prepare
- Assess
- Refine
- Apply
- Review

In practice, assessment is likely to be iterative and will help continuously improve the contribution of work to reducing health inequalities

Aims

- What are the main aims of the work?

Focus on health inequalities

- How does the work contribute to reducing health inequalities?

Data and evidence

- What are the key sources of data and evidence that need to identify health inequalities in the work?

Section 1 - Prepare

Questions	Examples Responses (Antibiotic Guardian)
<u>Aims</u> What are the main aims of the work?	To increase knowledge and engagement on AMS along with changing behaviour for healthcare professionals and members of the public
<u>Focus on health inequalities</u> How does the work contribute to reducing health inequalities?	The general focus of work is the general public with a specific section for young and family antibiotic guardian. Potential to contribute significantly to reduce health inequalities including minority ethnic groups and those in lower social economic group
<u>Data and evidence</u> What are the key sources of data and evidence that need to identify health inequalities in the work?	There is currently no published anecdotal data on health inequalities in AMR, though some research has looked into specific inequalities relating to infection burden

Section 3 - Refine

Potential effects

- How is the work likely to affect health inequalities? (positively or negatively)
- How might the work address the needs of different groups that share protected characteristics?

Protected Characteristics	Examples Reponses (Antibiotic Guardian)
Age	benefit people aged under 75 who are more likely to use online resources. The need for paper version is required for those with no internet
Gender	less males guardians at present, more female due to target audience
Race	focus is on English speaker (as first language)
Religion and beliefs	no clear group. Other common UK languages currently are not available
Disability	Data not available/collected. Subtitles available via YouTube video
Sexual orientation	N/A
Gender reassignment	N/A
Pregnancy and maternity	Specific section for young and family
Marriage and civil partnership	N/A

Section 5 - Review

Lessons learned

Have the actions set at the start been achieved?

To what degree and in what ways have the work plans

- supported reductions in health inequalities?
- promoted equality, diversity and inclusion across groups that share protected characteristics



Notable Highlights

There have been some notable highlights that demonstrate equality and/or diversity within individual project work:

- eBug website translated into over 30 languages
- Beat the Bugs community hygiene course with approved trainers across England
- Keep Antibiotics Working materials available to Housing Associations and GPs who reach those from lower socio-economic backgrounds
- Advertising features red and white pills which have no gender or racial bias
- Antibiotic Guardian pledges from 129 countries across the world and translated into 5 languages

General Recommendations

- There is currently a lack of evidence on how different population groups use antibiotics to support which population groups use most antibiotics appropriately.
- Tailoring promotion materials to hearing and visually impaired individuals could be beneficial.
- Though the use of technology has been well utilised in all the assessed projects the option of a paper based system could be considered
- Further research would help support a more targeted approach to each activity.

Conclusion

- The population is changing with increasing numbers of people identifying with minority ethnic groups
- Accessibility of AMR/AMS materials to a broad cross section of the population are important to improve impact of resources
- Using the health equity assessment tool can help teams to systematically identify opportunities to measure, monitor and reduce health inequalities through their work programmes
- Consider using HEAT for your local activities
- Sharing of examples and collaboration can be key to improvements

Thank you
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