

# Obesity and cancer – a health equity challenge

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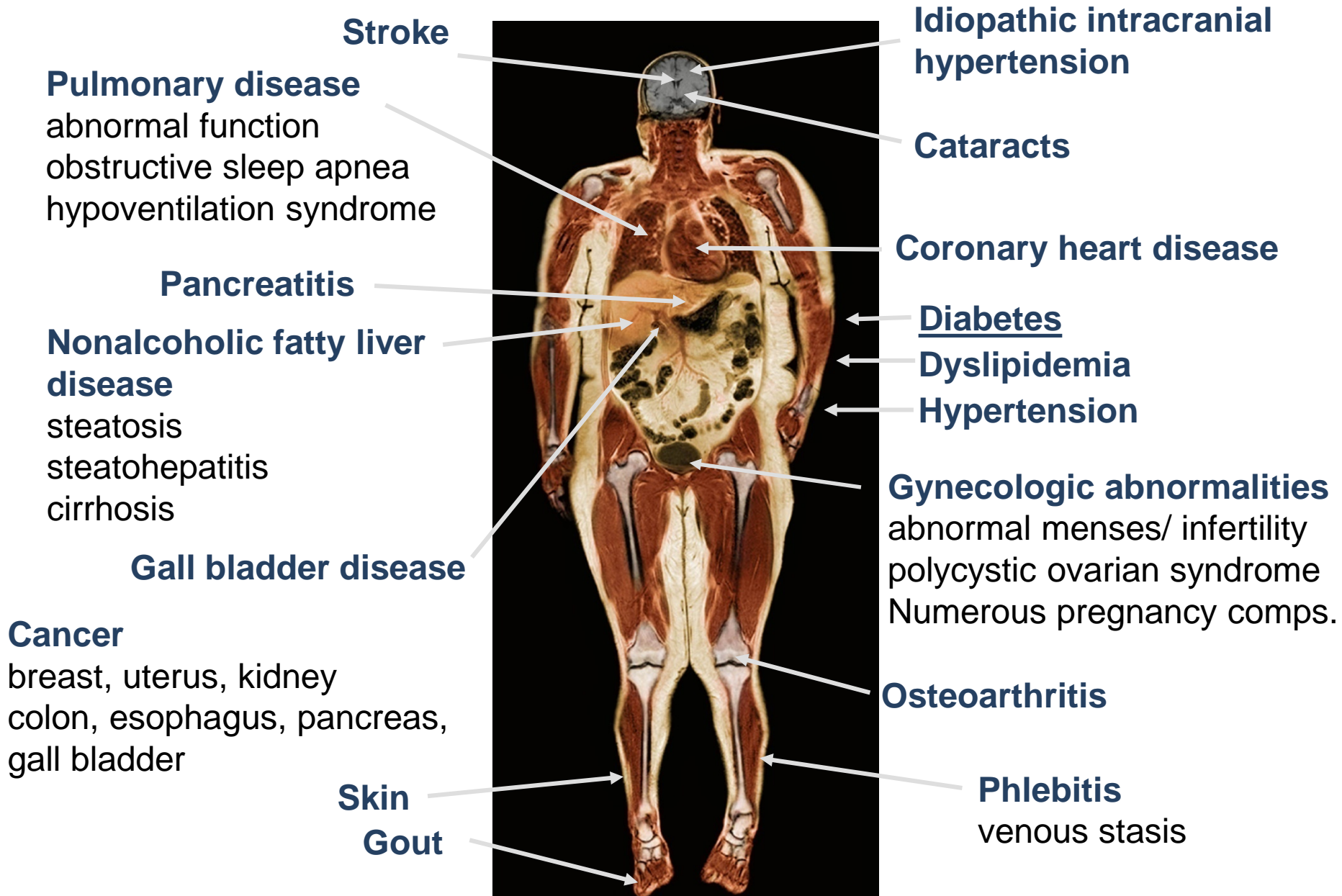
NHS Tayside

February 4, 2016

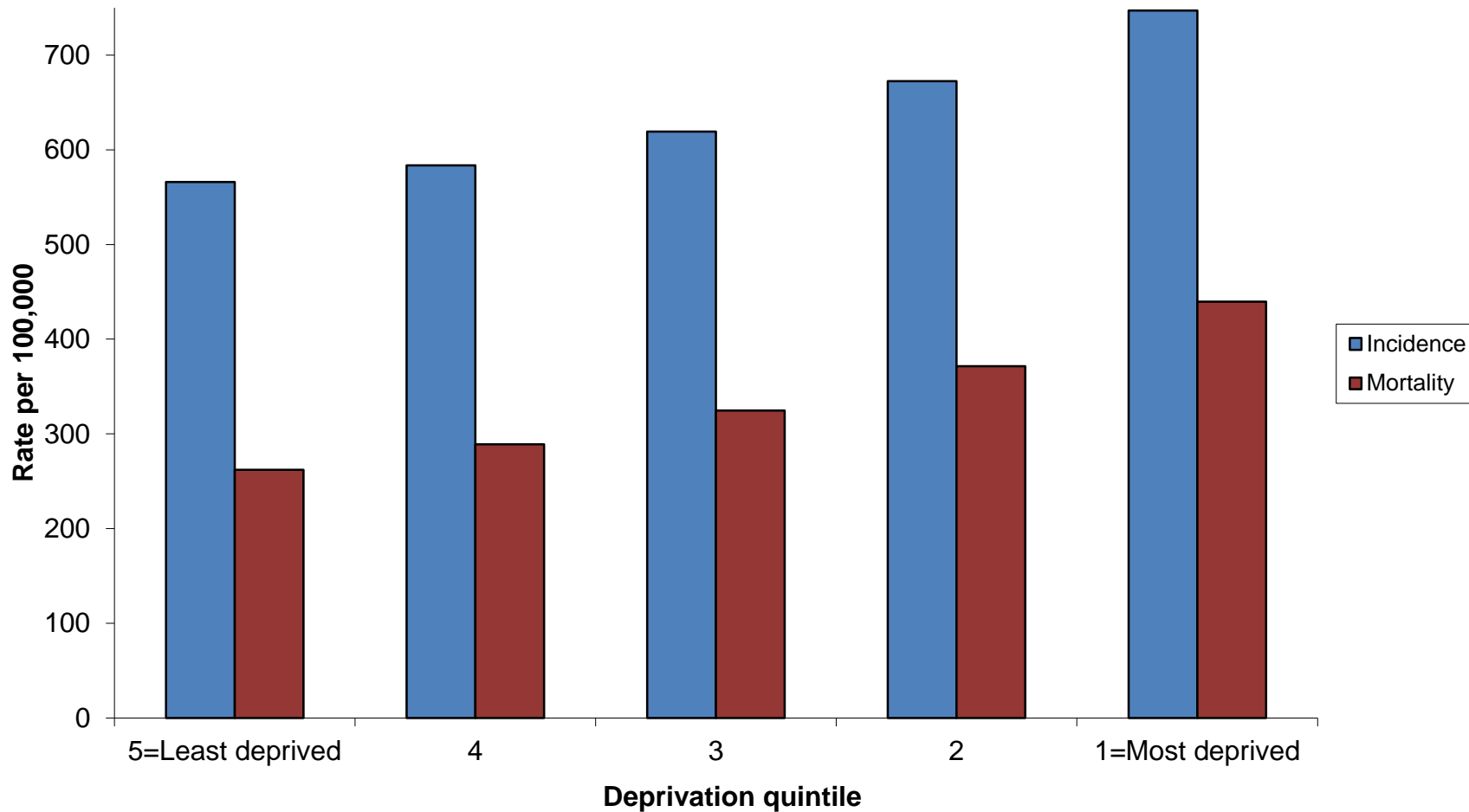
Or.....

Tackling health inequalities and promoting health equity are **THE** challenge for obesity and cancer prevention and treatment

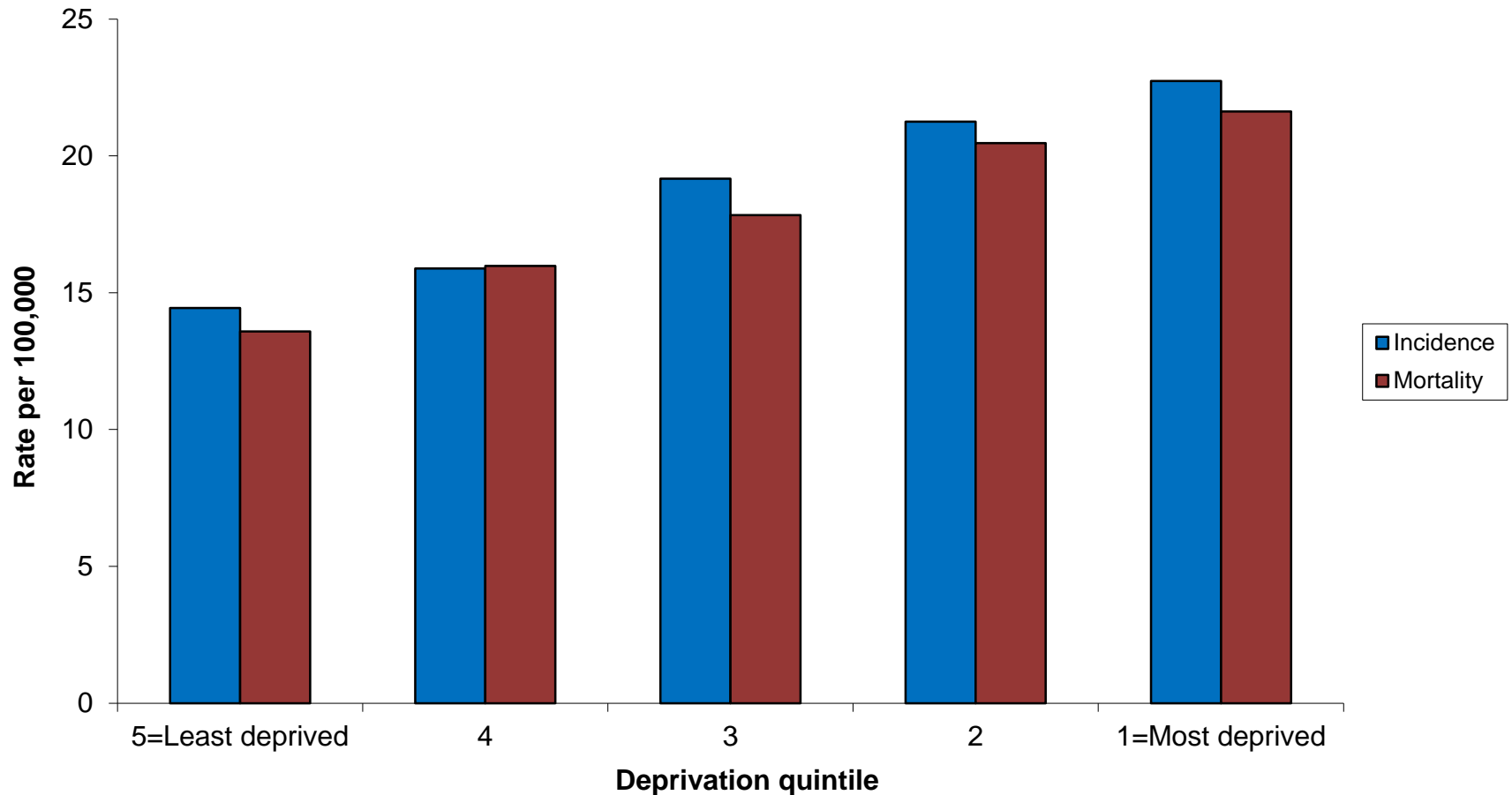
# Medical Complications of Obesity



# Scotland: Age-standardised incidence and mortality from all malignant neoplasms (excluding non-melanoma skin cancer)

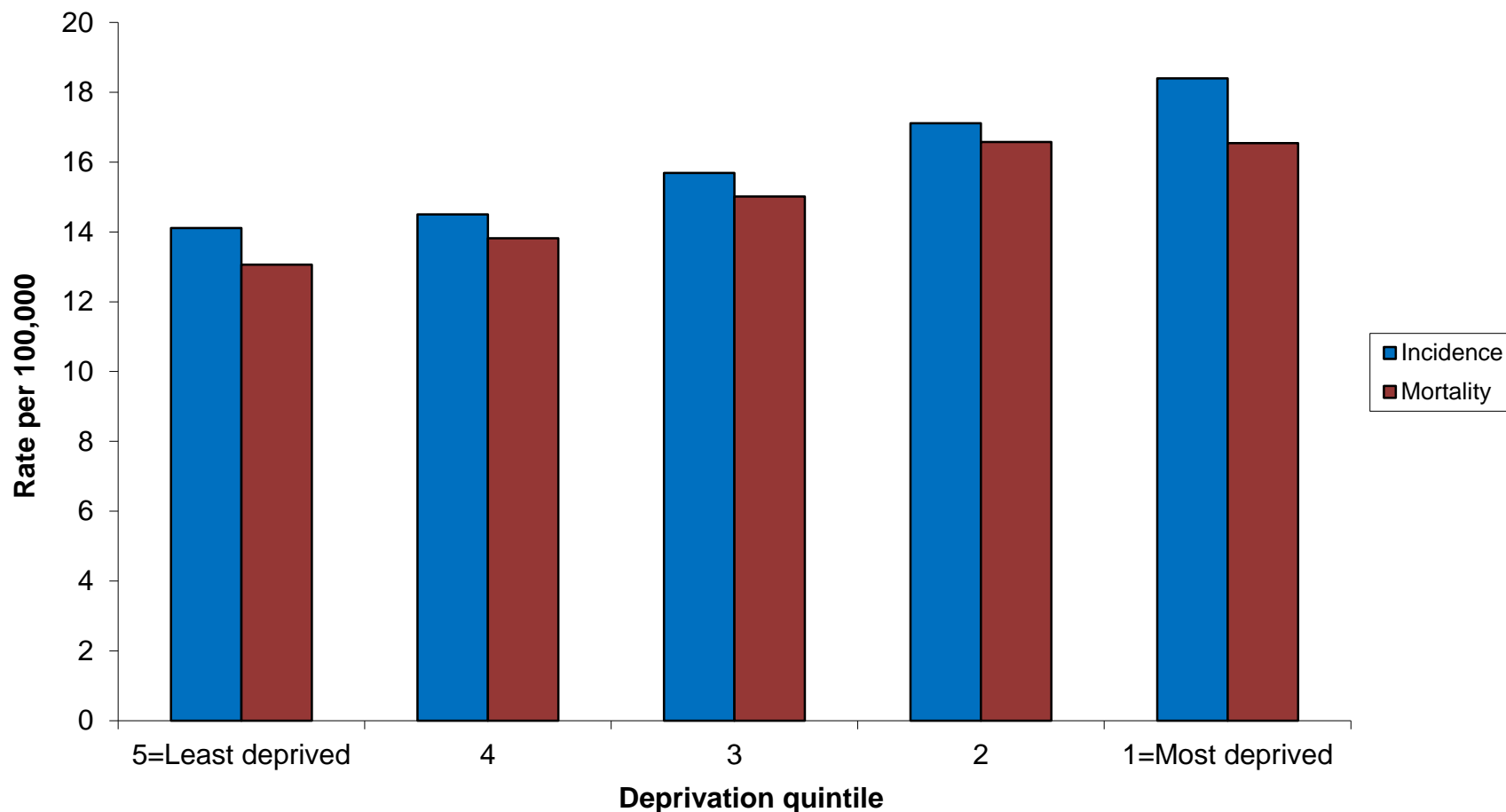


# Scotland: Cancer of the oesophagus (ICD-10 C15) Age-standardised incidence and mortality rates by deprivation



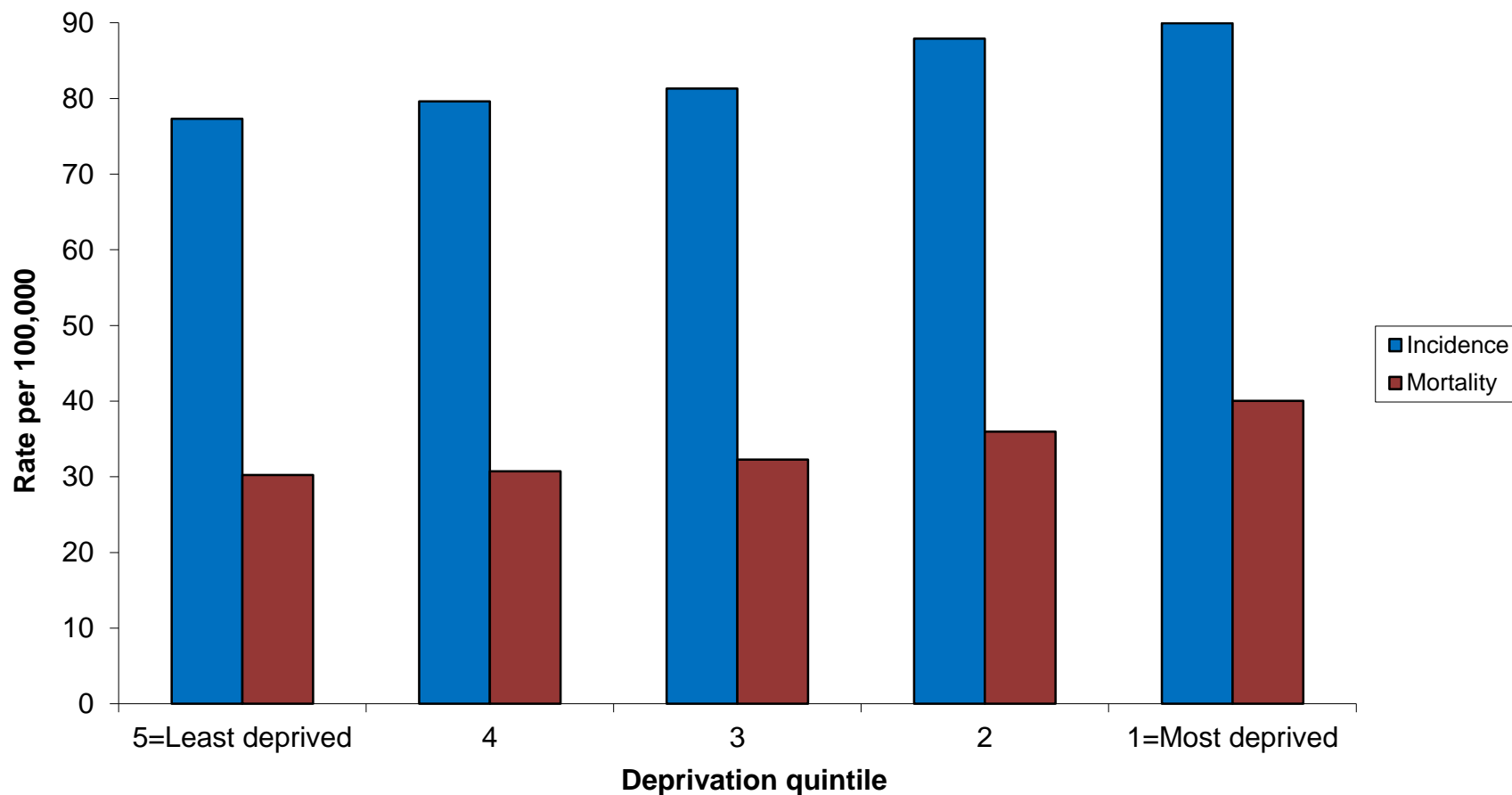
# Scotland: Cancer of the pancreas (ICD-10 C25)

## Age-standardised incidence and mortality rates by deprivation

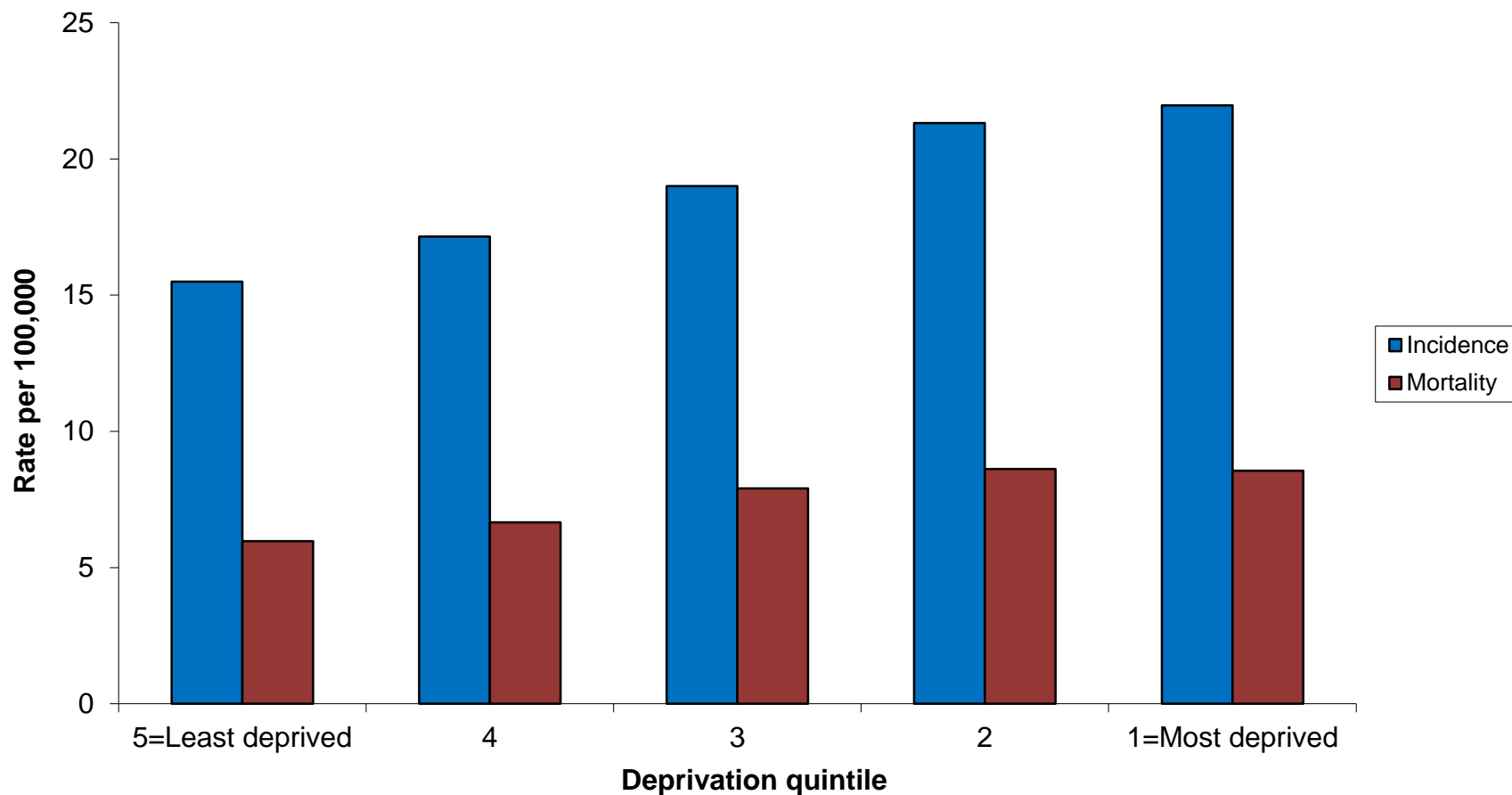


# Scotland: Colorectal cancer (ICD-10 C18-C20)

## Age-standardised incidence and mortality rates by deprivation



# Scotland: Cancer of the kidney (ICD-10 C64-C65) Age-standardised incidence and mortality rates by deprivation

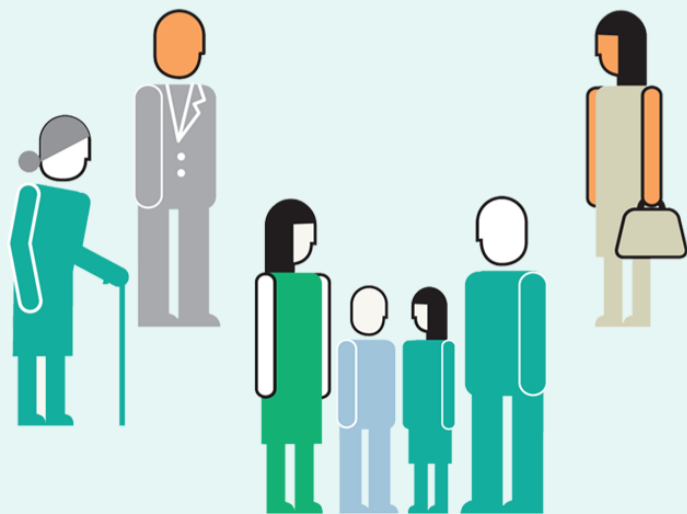






# Obesity does not affect all groups equally

Obesity is more common among:



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People from more deprived areas

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Older age groups

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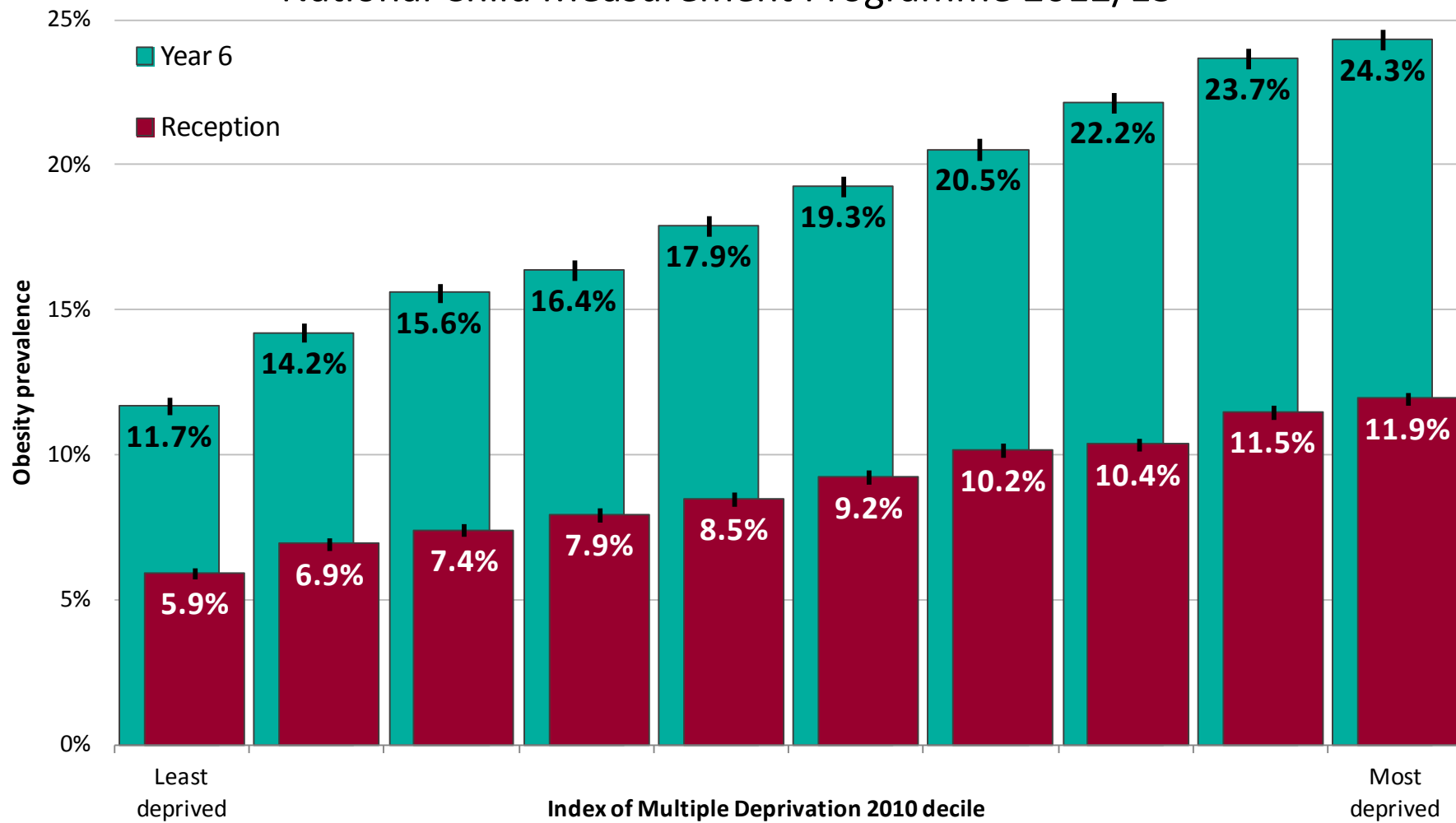
Some black and minority ethnic groups

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People with disabilities

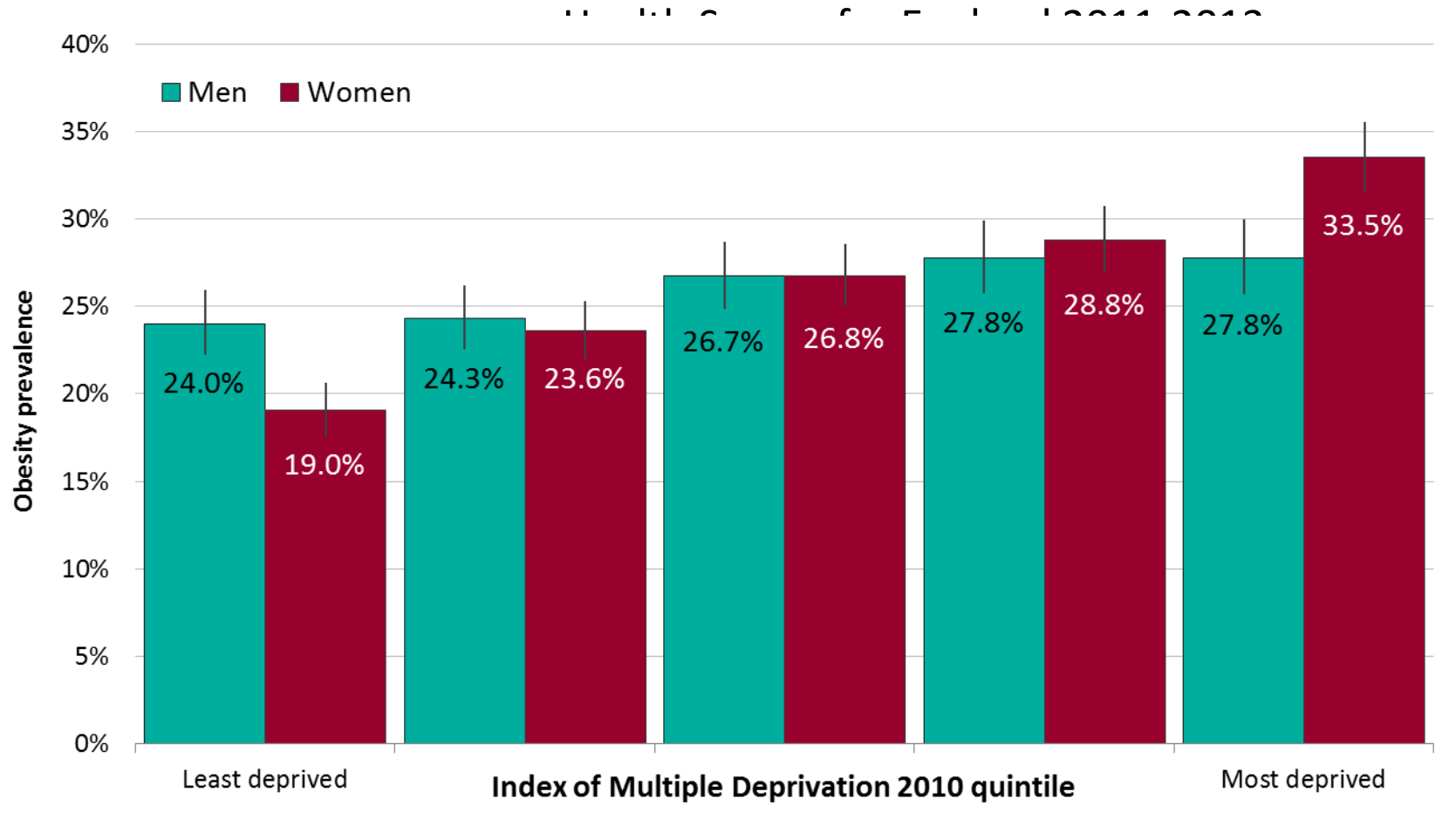
# Childhood obesity prevalence by deprivation in England

National Child Measurement Programme 2012/13



Child obesity: BMI  $\geq$  95<sup>th</sup> centile of the UK90 growth reference

# Adult obesity prevalence by deprivation



Deprivation measure is Index of Multiple Deprivation (IMD) 2010

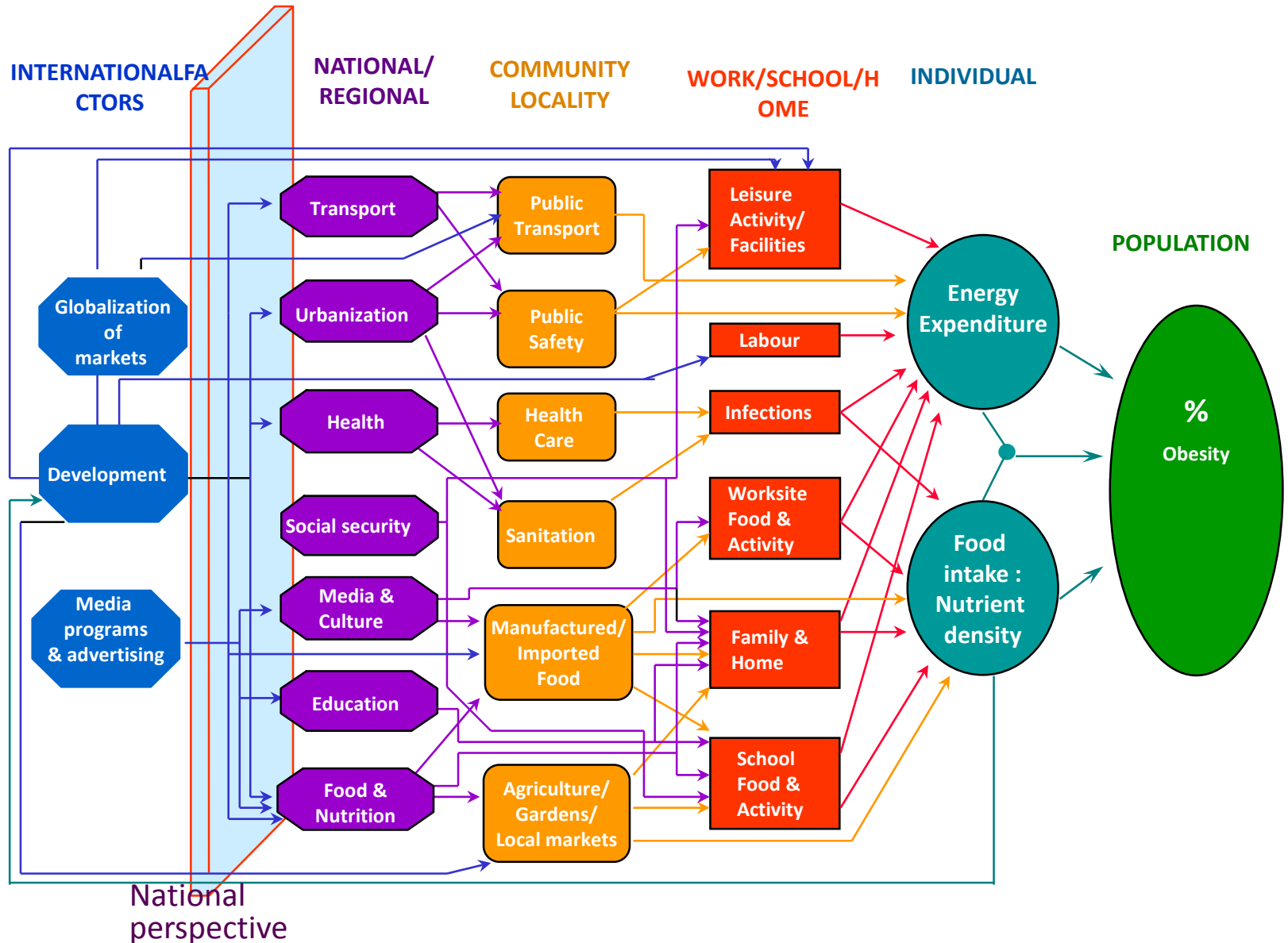
The chart shows 95% confidence intervals  
Adult (aged 16+) obesity: BMI  $\geq$  30kg/m<sup>2</sup>

# How many cases of cancer could be prevented in the UK if everyone was a healthy weight?

Type of cancer	%	Number
Oesophagus	31	2,700
Pancreas	15	1,300
Gallbladder	16	280
Bowel	14	6,000
Breast	16	8,100
Womb	38	3,200
Kidney	19	1,900
Ovary	4	270
Total for 8 cancers combined	17	23,550

<http://www.wcrf-uk.org/uk/preventing-cancer/lifestyle-statistics/body-fatness>

# Complexity - Societal policies and processes influencing food intake



Source Professor WPT James, IOTF, London

# Poverty and Health



Stress

Lack of Direction

Loss of Hope

Learned Helplessness

*Health tends to decline in communities where levels of interaction are low and where people feel insecure*

*(Smith Institute – 2008)*

# 10 year trends (Scotland)

Relative  
Inequality

Healthy Life Expectancy



Premature Mortality <75



All Cause Mortality 15 – 44



Low Birthweight



CHD Deaths



Cancer Incidence



Alcohol Admissions



Alcohol Deaths



## International human rights law and health equity

The **universal** right to health – the right of **all of us** to the highest attainable standard of health – makes governments responsible for prevention, treatment and control of diseases and the creation of conditions to ensure **universal** access to health facilities, goods and services required to be healthy.

In other words – the right to **health equity**.



# **Communities in control**

Health equity in Tayside

# Ivan Illich 1926-2002

Limits to Medicine

Medical Nemesis: the expropriation of health

1975

“The medical establishment  
has become a major  
threat to health”

“The ability to cope with pain,  
sickness and death  
autonomously is fundamental to  
human health”

“Our health-care system is sickening as it obscures the political conditions that render society unhealthy; and it expropriates the power of individuals to heal themselves and to shape their environment.”

Co-production reasserts the power of individuals to heal themselves and to shape their environment.

# Co-producing services

- beyond consultation, user involvement and citizen engagement to ***equal partnership***
- from ***'doing to'*** to ***'working with'***: no more 'users' and 'clients'
- shifts emphasis from ***providing*** to ***enabling*** and ***supporting*** – public service workers become brokers and facilitators, not just experts who can fix things
- professional and experiential knowledge are valued and combined

# Challenges

- NHS culture
- Public, political, professional and media expectations/resistance
- Training and development
- Viewed as 'optional extra'

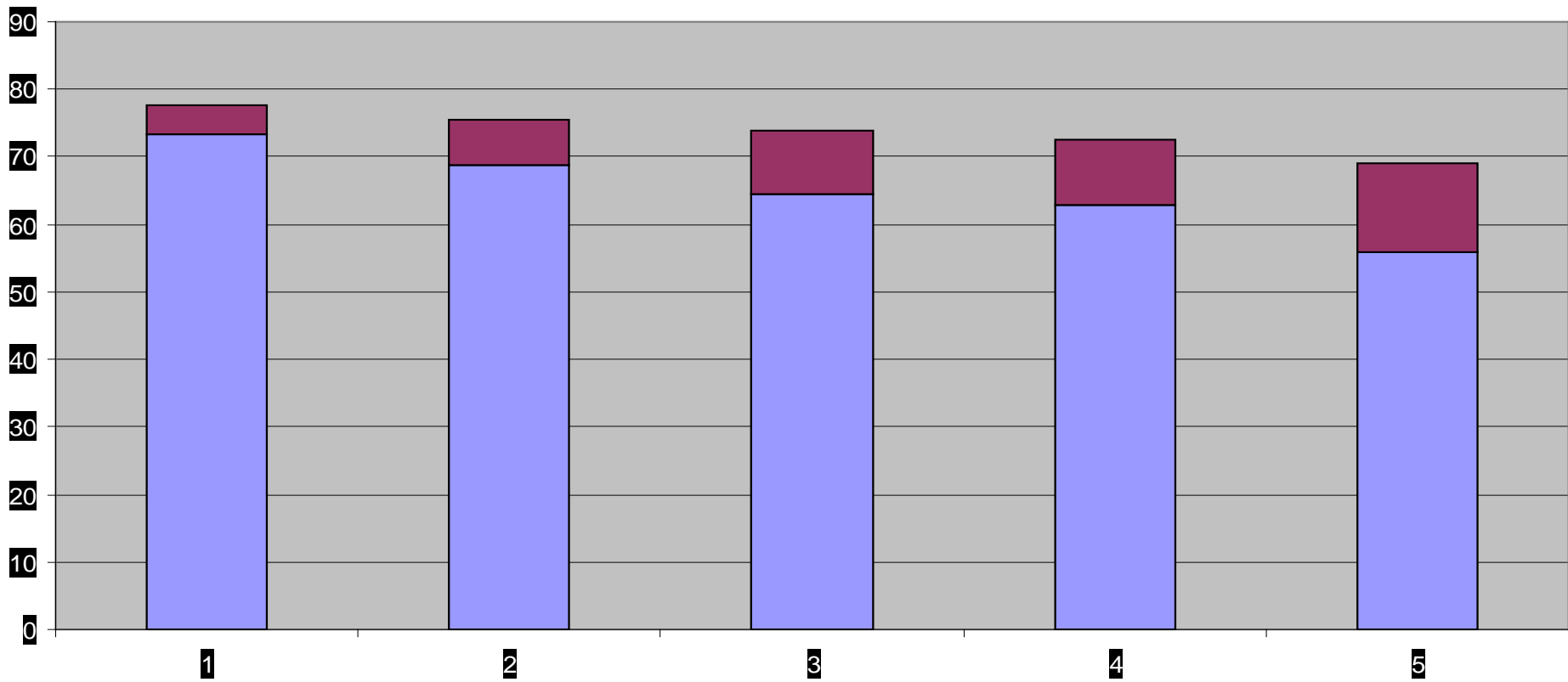


# Communities in Control

“The challenge is to work with communities, not to find out what they want and then provide it, but to enable them to take control and provide their own solutions. Communities need to be involved in the delivery of services, behaviour change initiatives and solutions, as well as in their design”.

“People are the heart of  
the solution,  
not the problem”


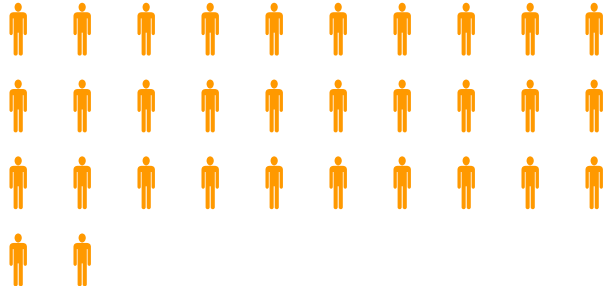

“If they live longer, won’t it cost us more?”



# Implications

- Our current pattern of services and spending is unsustainable against future finance and demand
- The historic pattern failed those with the highest need.
- We need to fundamentally rethink how we deliver and what we are delivering

# Literacy levels per 100 adults in Scotland (IALS)

	<p>Very poor skills. May not be able to determine from written information the amount of medicine to take</p>
	<p>Weak skills. Can only deal with well laid out simple material and tasks that are not complex</p>
	<p>Skills at or above level required for coping with demands of everyday life</p>

# Low literacy and poor health

Low literacy associated with lower knowledge and abilities to self-manage health conditions; less appropriate access to services; and poorer health outcomes

# Summary

- Health equity **is** a human right
- Targeting
- Community resilience
- True empowerment
- Financial sustainability
- Co-production central to all of these!



# Question

- What can you - or your organisation - do to promote **health equity, as a human right**, through targeted services, targeted health improvement and targeted co-production?