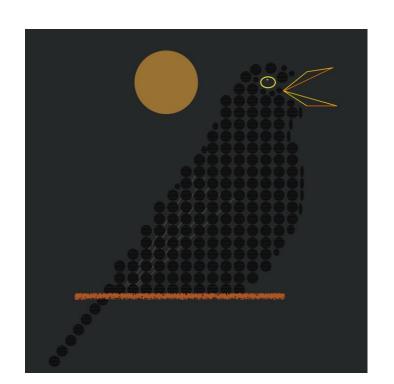
Poverty and Respiratory Health

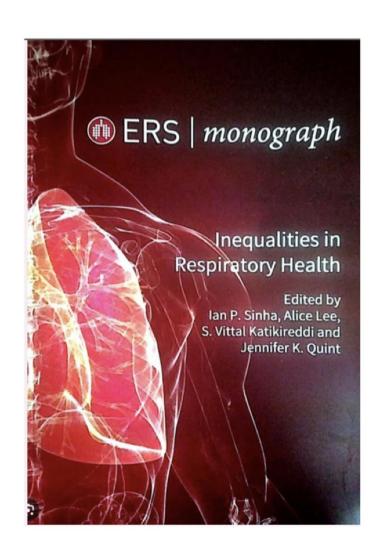
Ian Sinha

Alder Hey Children's Hospital

Aims

- Discuss how poverty impacts on the respiratory system
- Consider fresh approaches to the problem

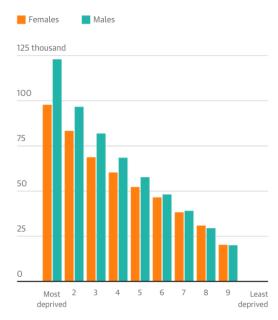




austerity, is a shocking political failure. The worse health of the more deprived 90% of the population, compared to the best-off 10%, means that health inequalities involve the

Excess deaths in England, 2011 to 2019

Number of people who died earlier than they would have done if they had lived in areas with the same age and sex-specific death rates as the least deprived area decile



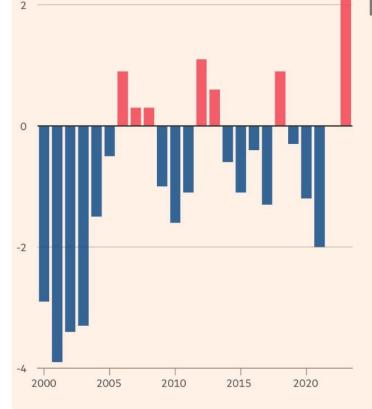
Guardian graphic. Source: Institute of Health Equity. Note: based on the Index of Multiple Deprivation 2019



Sign In

Record increase in the absolute child poverty rate in 2022-23

Annual percentage point change in the UK's absolute child poverty rate



©FT

Source: DWP • Financial year ending in year shown. Absolute poverty threshold: 60% of 2010-11 inflation-adjusted median income after housing costs. Data in 2021 and 2022 affected by the pandemic

Two key points around determinants of health

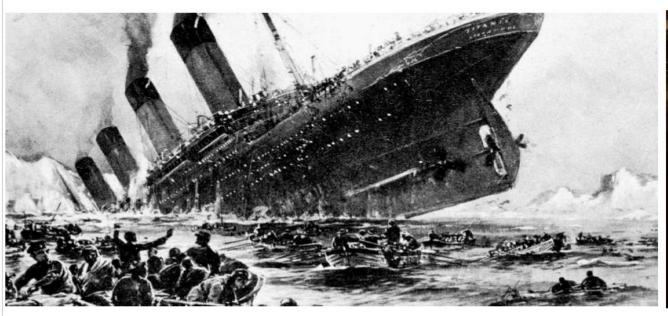


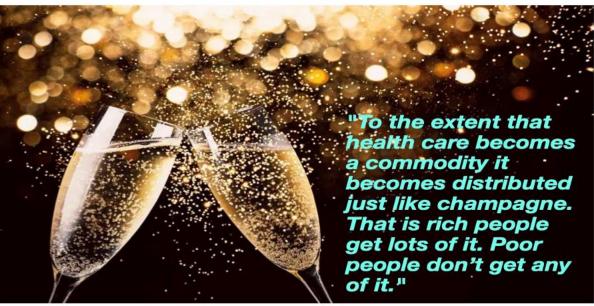
History tells us that vulnerable people lose out most

The 'Inverse Care Law'

(Julian Tudor Hart, 1971)

"The availability of good medical care tends to vary inversely with the need for it in the population served."

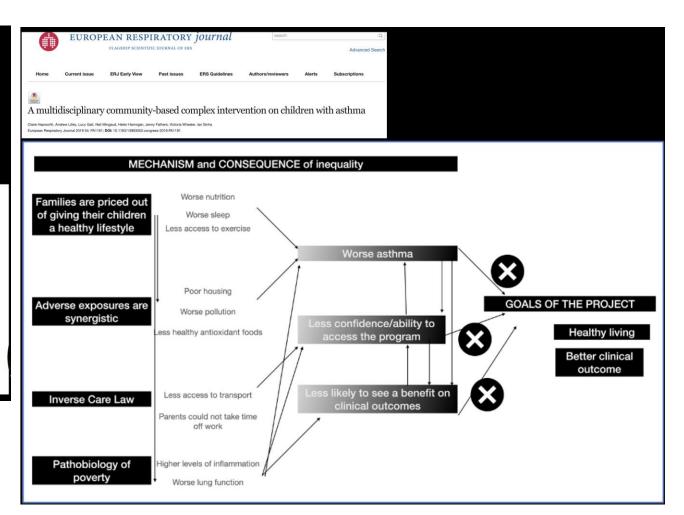




The Inverse Care Law: Poverty is pervasive



The aim of empowering young people with asthma is to give them control over their health and their lives. Socioeconomic deprivation is disempowering because it limits the lifestyle choices that people are able to make. Families living in poverty may have reduced access to healthy foods and resources to enable physical exercise. When promoting healthy lifestyles, professionals should be sensitive to the barriers that limit peoples' choices when they live in poverty. At a wider level, national and



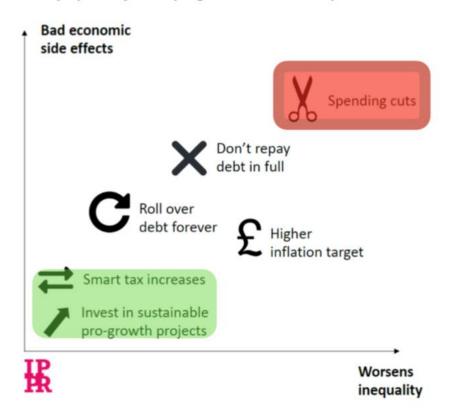




Austerity is <u>not</u> the answer



Policy options for keeping debt sustainable post Covid-19

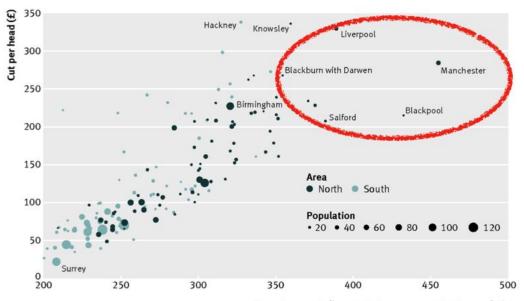




PREMATURE DEATHS ACROSS ENGLAND

Austerity measures hit the sickest hardest

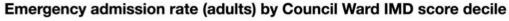
David Taylor-Robinson *Medical Research Council population health scientist*¹, Rachael Gosling consultant in public health², Dominic Harrison director of public health³, Mohammed Khan deputy leader and executive member for health and adult social care ³, Ben Barr senior clinical lecturer in applied public health¹

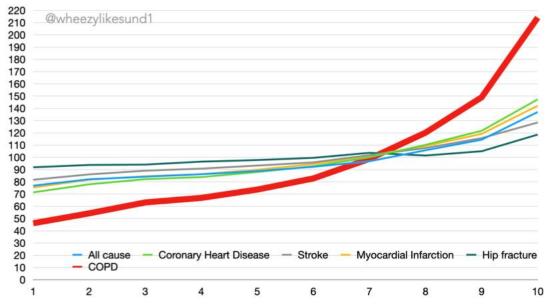


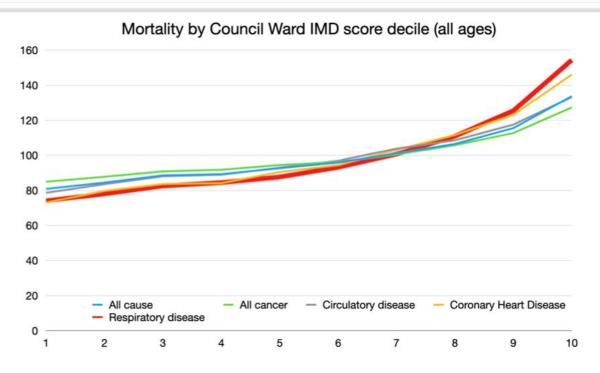
Premature mortality rate <75 years per 100 000 population

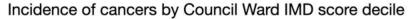
The respiratory system is PARTICULARLY vulnerable to poverty

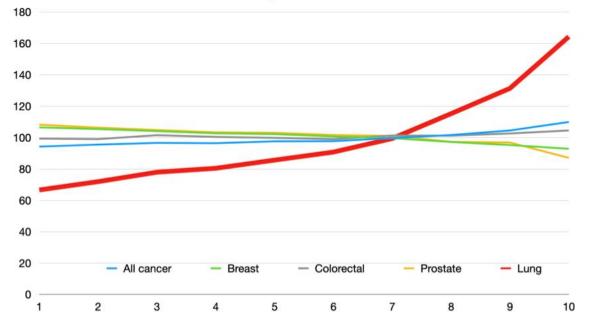
Data from Lee et al 2022; presented at ERS













EUROPEAN RESPIRATORY REVIEW
SERIES
A. BUSH ET AL.

Social determinants of respiratory health from birth: still of concern in the 21st century?

Andrew Bush ¹, Catherine A. Byrnes ², Kate C. Chan ³, Anne B. Chang ⁴, Juliana C. Ferreira ⁵, Karl A. Holden⁶, Stephanie Lovinsky-Desir ⁷, Gregory Redding ⁸, Varinder Singh⁹, Ian P. Sinha^{6,10} and Heather J. Zar ¹¹

Number 2 in the Series "Environment and lung health in a rapidly changing world" Edited by Sara de Matteis, Catherine M. Greene, Zorana Jovanovic Andersen and Renata L. Riha

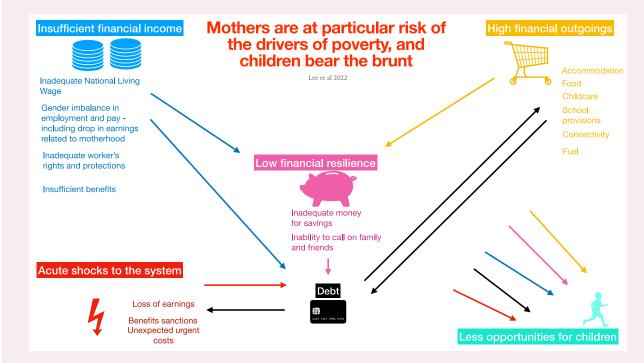
The key themes are societal, governmental and corporate vectors of respiratory disease, with fatal consequences. There is a rich economy in the UK, but this is does not counteract the aforementioned policy failures, which will have consequences for decades to come, especially in the poorest communities.



Review

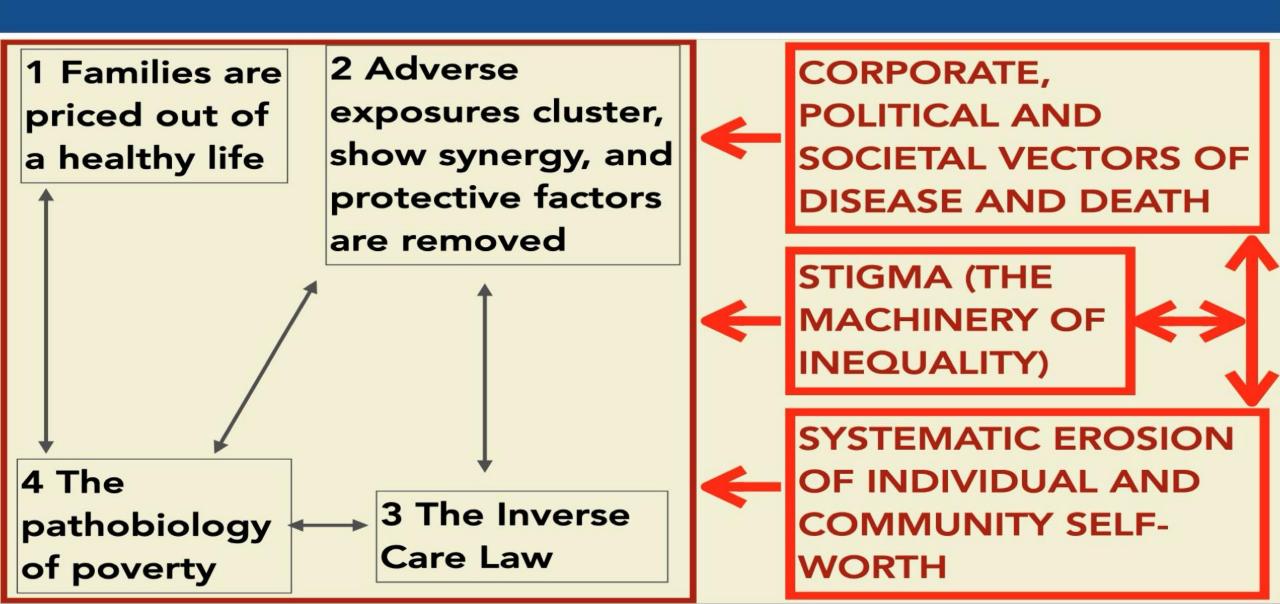
Child poverty and health inequalities in the UK: a guide for paediatricians

Alice R Lee, ^{1,2} Camilla C Kingdon, ³ Max Davie, ⁴ Daniel Hawcutt ⁶, ^{5,6} Ian P Sinha ⁶, ^{1,2}



Poverty and health inequalities: the mechanisms





SOME CHILDREN HAVE RESTRICTED OPPORTUNITIES TO THE RIGHT TO BE HEALTHY

Harvard School of Public Health: Healthy food \$1.48 more expensive/ day

cost more than less healthy options? A systematic review and meta-analysis

BMJ Open Do healthier foods and diet patterns

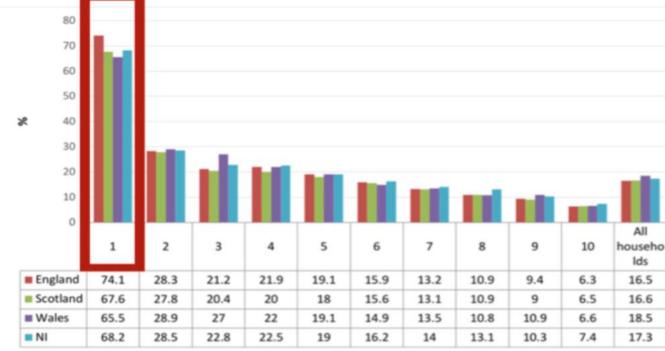
Open Access

DUNDATIO

Affordability of the UK's Eatwell Guide

Courtney Scott, Jennifer Sutherland, Anna Taylor September 2018

Figure 1: Median percentage of disposable income AHC used up if Eatwell guide cost was spent, by income decile and country



1.95 (1.86, 2.04) 1.95 (1.86, 2.04) 5.40 0.07 (0.06, 0.09) 1.75 (1.56, 1.03) 3.00 (2.54 3.10) 1.61 (-0.61, 3.64) 0.00 (0.87, 0.03) 0.90 (0.87, 0.93) 1.64 (1.62, 1.86) 1.84 (1.82, 1.86) 7 82 L 18 05 2 411 0 20 F82 (-18.06, 2.41) 0.20 0.36 (0.10, 0.42) 0.30 (0.10, 0.42) 0.79 (0.47, 1.09) 1.11 (0:36, 1.67) 1.23 (0:46, 1.57) 1.51 / 1.50 1.600

Research

Mayuree Rao, 1,2 Ashkan Afshin,2 Gitanjali Singh,3 Dariush Mozaffarian2,3,4 difference (90% CI) VANGER preparticipants Ryden PJ, 2008 Mediterranean dietary pattern v. typical diet 0.10 (0.04, 0.25) Schroder H. 2006 Mediterranean Det Score (quartie 4 v. 1) 1.40 (1.31, 1.66) Mediterranson distary pattern (quintile 5 × 1) 1.95 (1.86, 2:04) 1.18 (0:01, 2:36) Supported 10 represent + 950 MN, 16 + 0.00001 Western dietary pattern (quintile 1 v. 5) 11195.0 Substitute (I required "NA P "NA Healthy Eating Index Ryden PJ, 2011 Schroder H, 2006 Healthy Eating Index-2005 (score > 70 v. - 50) Healthy Eating Index (quartile 4'v. 1) Healthy Eating Indian 2005 (quintile 5 v. 1 of diet cost) Refer CO. 2011 Subtotal (I-reported = 100.0%, p = 0.000) Bernstein AM, 2010 Alternative Healthy Eating Index (quintle 5 v. 1) 78191 # Substitute of requirement which as which Dresenousin A. 2004 trut & vegetable intene opumble 5 v. 1) 837 p Supported the representation of the MicDermott AJ, 2010 ANA and AAP recommendations (3 home-cooked media v fast food media 24.5 Subtonal chargowised have a high Mozaffanan RS, 2012 Environmental Standards for Healthy Eating lanack meeting v. not meeting) 32 p Substituted of requirement HINA, in HINA. Waterlander WE, 2010 energy density (quartile 1 × 4. Ameteriann Growth and Health Longitudinal Study women) 176 p Montenues P. 2009 emergy density (tertile 1 v. 3, men). Monancies P. 2009 energy density (britle 1 v. 3, men).
Waterlander VMI, 2010 energy density (quartile 1 v. 4, Amsterdam Growth and Health Langitudinal Study men). transand MS, 2009 energy density (tertile 1 v. 3 w/o beverages) Accompany A. 2011 energy density (quintile 5 v. 1) 1200 Naterlander VMI, 2010 emergy density (quartile 1 v. A. Longitudinal Ageng Study Ameteriam opmen) Waterlander WE, 2010 energy density (quartile 1 v. 4, Longitudinal Ageing Study Amsterdam men) 2-07-03-55, 2-60% emergy density (quartite 4 v. 1 of det cost) Managemen Pt 2009 emergy density (tertile 1 v 3, semses) 2 79 (2 11 3 47) Overall (I-squared = 99:9%, p = 0:000) 1.48 (1.01, 1.95) 100.00 NOTE: Weights are from random effects analysis

Price difference (dollars/day)

Income Decile

iansinha@liv.ac.uk @wheezylikesund1

A Toolkit for Child Health Inequalities



Reviev

Child poverty and health inequalities in the UK: a guide for paediatricians

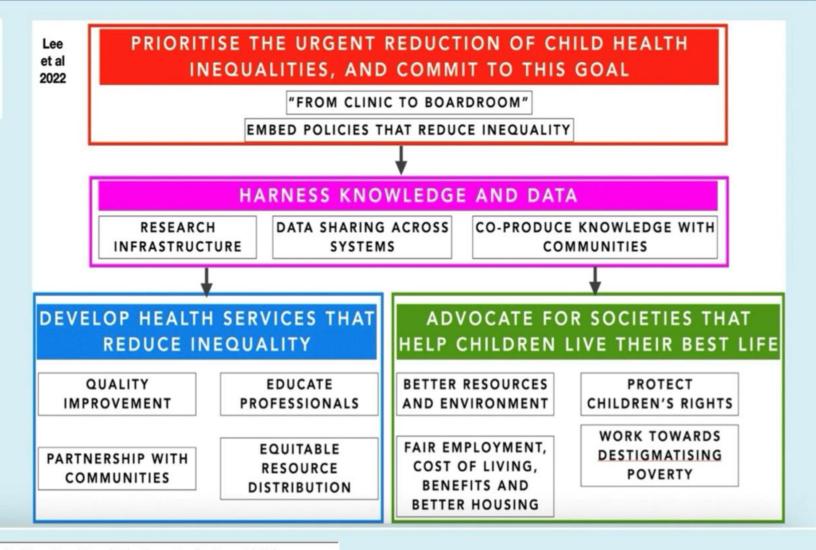
Alice R Lee, ^{1,2} Camilla C Kingdon, ³ Max Davie, ⁴ Daniel Hawcutt ⁶, ^{5,6} Ian P Sinha ⁶, ^{1,2}

ADC 2023;108:94-101.

Alice.lee@alderhey.nhs.uk



PA4075



Reducing asthma inequalities with Evidence-based, Data-driven, Person-Centered Care

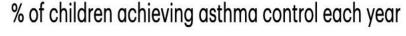


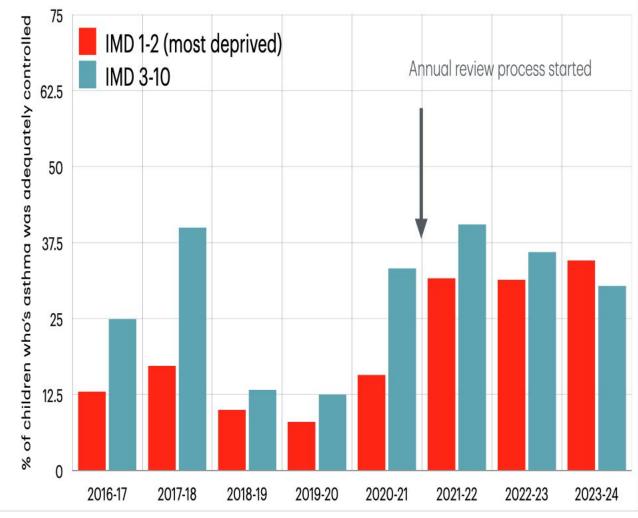
MDAS@alderhey.nhs.uk



Being empowered (Sinha et al , ADC 2020):

- Tailor the condition around your life
- Ability to self-manage
- Making shared decisions





Our "Clean Air Clinic"

(III) ERS CONGRESS 2024

7-11 September | Vienna, Austria

PERSON-CENTERED ADVOCACY

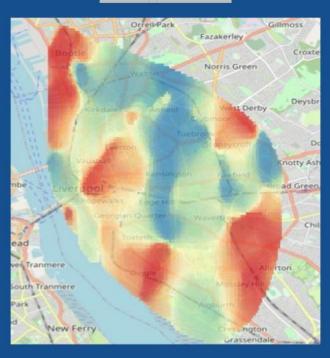




EVIDENCE BASED



DATA-DRIVEN

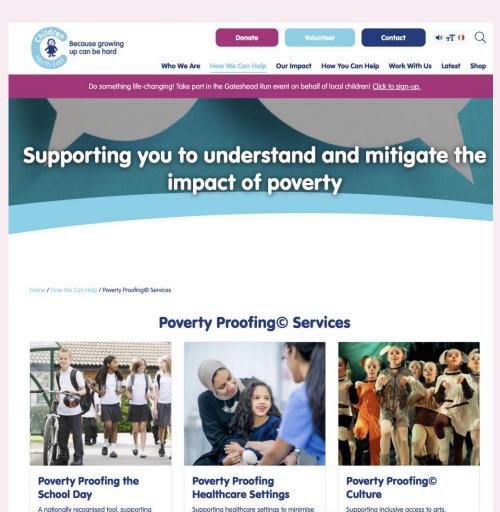


Asthma vs PM2.5 Geographical Pearson Correlation Coefficient

Use of air purifiers in the home to improve asthma outcomes in children and young people (CYP): pilot study follow-PA3147

Karl Holden (Liverpool, United Kingdom), Daniel Hawcutt, Ian Sinha

POVERTY-PROOFING HEALTH SERVICES



Poverty Proofing health care: a qualitative study of barriers to accessing health care for low income families with children in Northern England

© Elaine Bidmead, Louise Hayes, Emma Leggott, Josephine Wildman, Judith Rankin, Luke Bramhall, Liz Todd, Laura Mazzoli-Smith
doi: https://doi.org/10.1101/2023.10.04.23296541

- Pressures of living in poverty
- Hidden costs (transport, subsistence during hospital attendance, discharge from hospital, parking costs, impact on income)
- Securing appointments (digital, GP, dental, navigating and negotiating appointments, appointment times, childcare)
- Relationships with healthcare providers
- Awareness of financial assistance for health-related costs

"Human rights are the greatest human invention in history"

Predrag Stakic, Serbian Human Rights Activist



- Rights are universal, inaliable, indivisible
- Right evolve
- Rights confer responsibilities



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About Us Member States Main Bodies Secretary-General Secretariat UN System History Emblem and Fla

Universal Declaration of Human Rights

Article 25

- Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.
- 2. Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection.



ARTICLE 6 (life, survival and development)
Every child has the right to life.
Governments must do all they can to
ensure that children survive and develop to
their full potential.

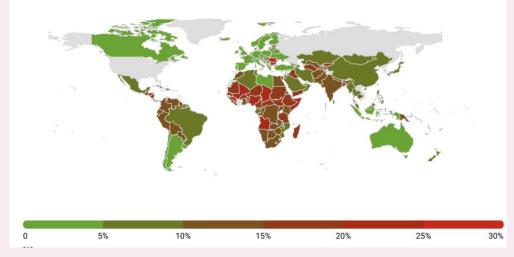
Every child has the right to the best possible health. Governments must provide good quality health care, clean water, nutritious food, and a clean environment and education on health and well-being so that children can stay healthy. Richer countries must help poorer countries achieve this.

Pneumonia

Last update: November 2023 | Next update: November 2024

A child dies of pneumonia every 43 seconds

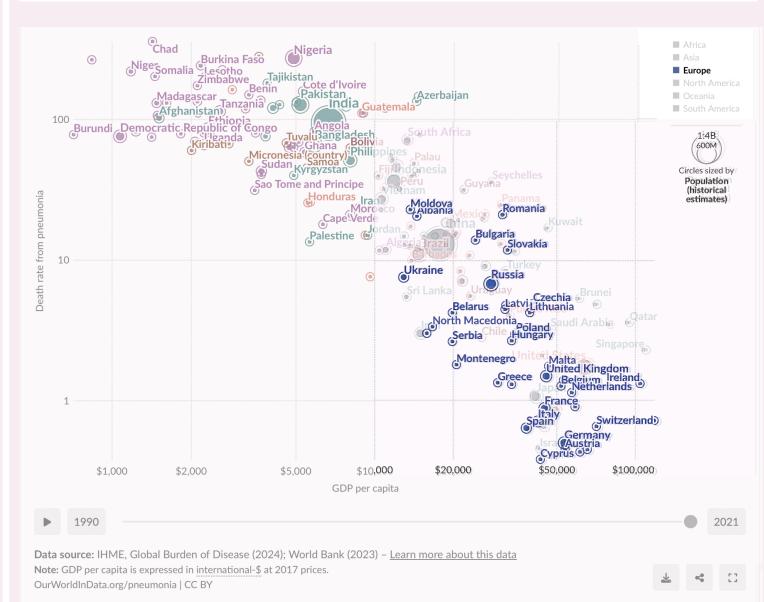
Percentage of deaths caused by pneumonia in children under 5 years of age (2021)



Death rate from pneumonia in children vs. GDP per capita, 2021



The estimated annual death rate from <u>pneumonia</u> and other lower respiratory diseases in children under five years old per 100,000. GDP per capita is adjusted for inflation and differences in the cost of living between countries.



INDUSTRIAL WASTE AND THE RIGHT TO LIFE







Watchdog must do more to protect boy, 5, from landfill fumes, court rules

Doctors say Mathew Richards' life expectancy has been shortened due to exposure to hydrogen sulphide fumes



■ Rebecca Currie with her son, Mathew Richards, five, who live near the landfill site in Silverdale, Staffordshire. Photograph: Julian Hamilton/Mirrorpix

The high court has ruled the **Environment Agency** must do more to protect a five-year-old boy from landfill fumes that doctors say are shortening his life expectancy.

In a landmark judgment on Thursday, a high court judge said he was not satisfied that the EA was complying with its legal duty to protect the life of Mathew Richards, whose respiratory health problems are being worsened by fumes from a landfill site near his home in Silverdale, near Newcastle-under-Lyme.

The court accepted evidence from Dr Ian Sinha, a paediatric respiratory consultant at Alder Hey children's hospital, who said exposure to hydrogen sulphide fumes from the site "will have a lifelong detrimental effect on Mathew's future respiratory health" and would reduce his life expectancy.

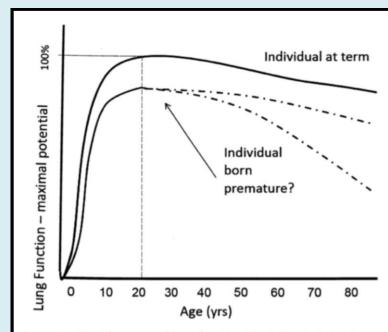


Figure 1 The life course of lung function. Black line indicates term individuals, grey solid line indicates preterm-born individuals and grey dashed line indicates possible rates of decline in lung function in preterm-born individuals.

Translating national ambition into local change

Place-Based Approaches to Inequality

- Understand the ethos, assets, and difficulties of a place
- · Empower the voice of the community
- Develop links and data-driven approaches
- · Parent champion models of care

Marginalised or high-risk groups

- Areas of deprivation
- Areas of high levels of non-white-British children
- Travelling communities
- Migrant/refugee/asylum-seeking children

Components of the Population Intervention Triangle Civic-level Interventions Strengthen Community Action Place-based planning Civic Service Integration Service engagement Service Interventions

gure 5. The Population Intervention Triangle model (PIT).

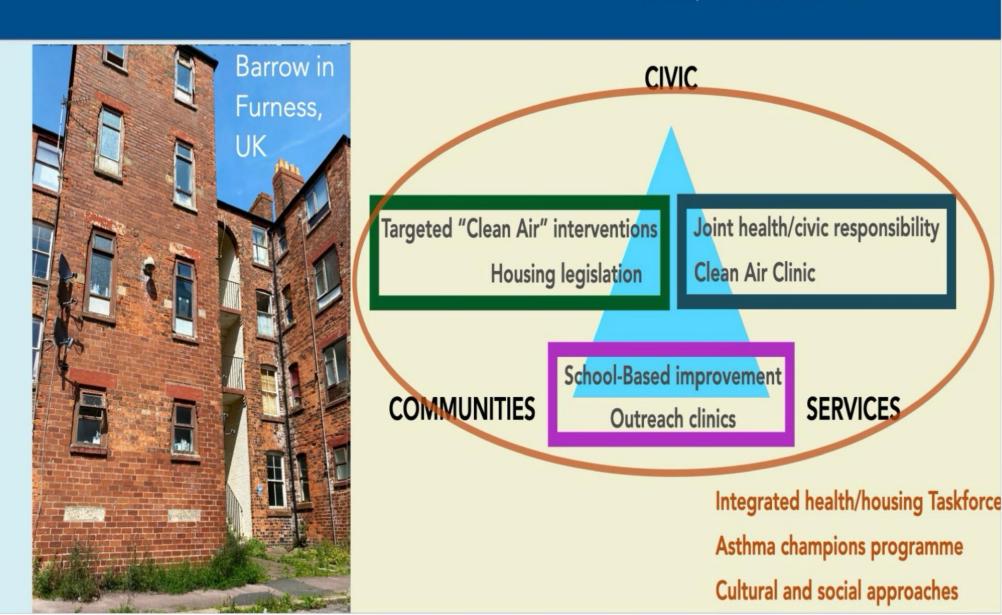
Parent champion models



Tying it together: Place-Based Approaches



- Data-informed
- Co-created
- System-wide
- Rights-based
- Evidence-based
- Poverty-proof



Summary

- The respiratory system is inextricably linked to poverty
- Poverty is a systemic problem which requires systemic change
- Place-based, rights-based, evidencebased, person-centred approaches

