

Multi-sectoral and Interdisciplinary Responses to Health and Well-being

Prof Martin Webber

International Centre for Mental Health Social Research

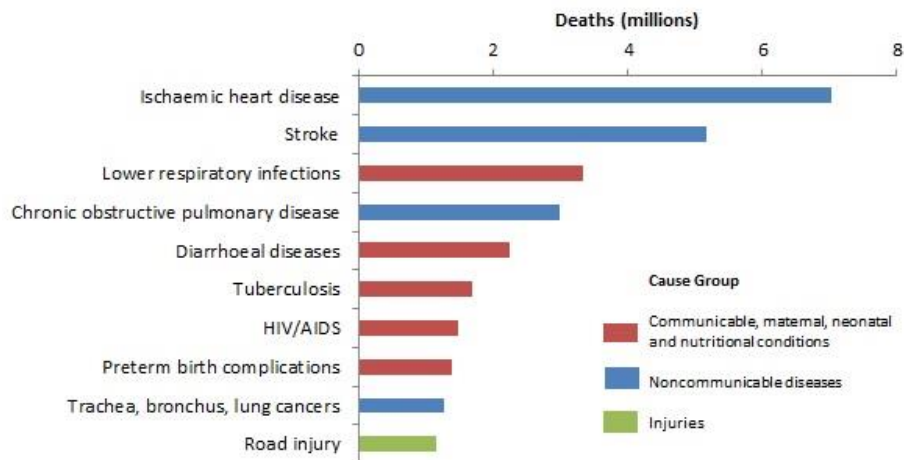


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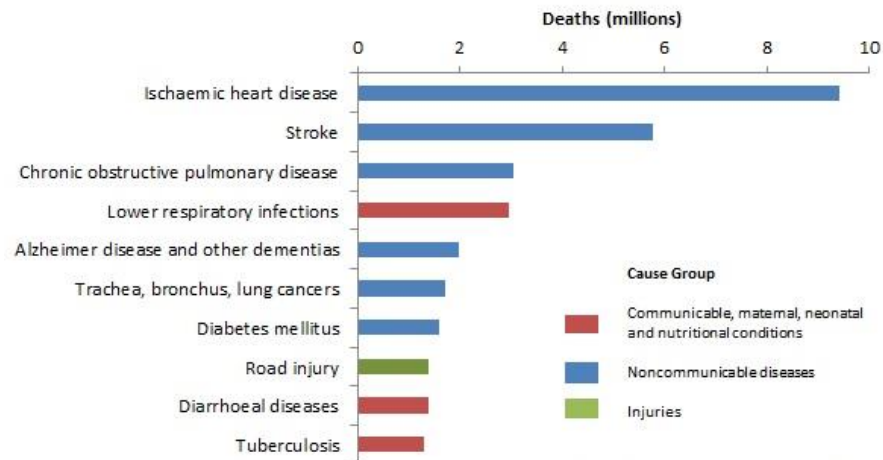
Global causes of mortality

Top 10 global causes of deaths, 2000



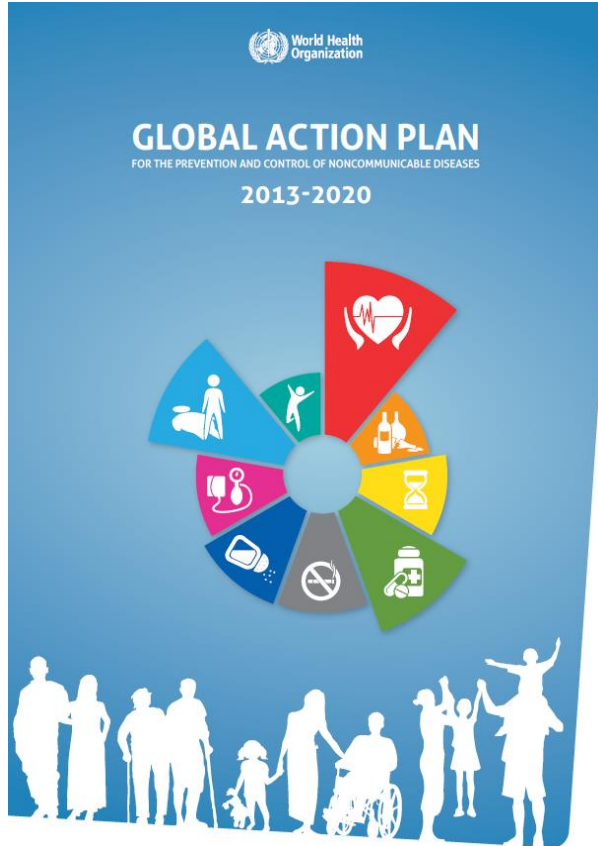
Source: Global Health Estimates 2016: Deaths by Cause, Age, Sex, by Country and by Region, 2000-2016. Geneva, World Health Organization; 2018.

Top 10 global causes of deaths, 2016



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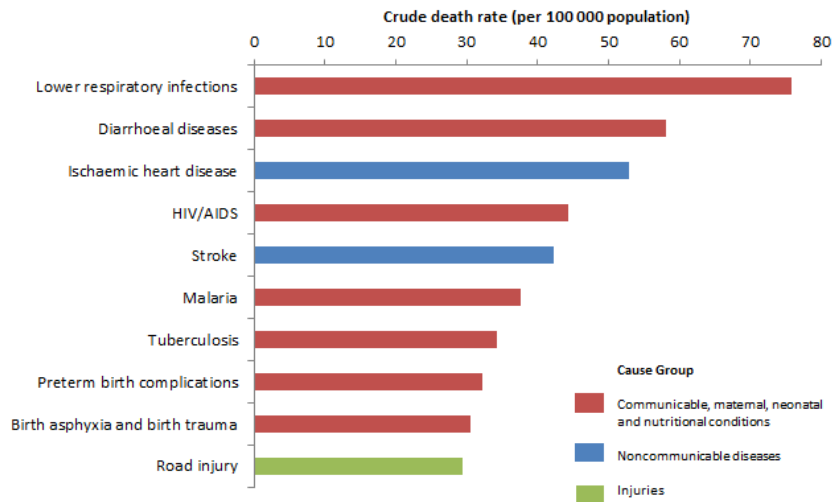
Global action on non-communicable disease



World Health Organisation plan for co-ordinated global action to tackle non-communicable disease

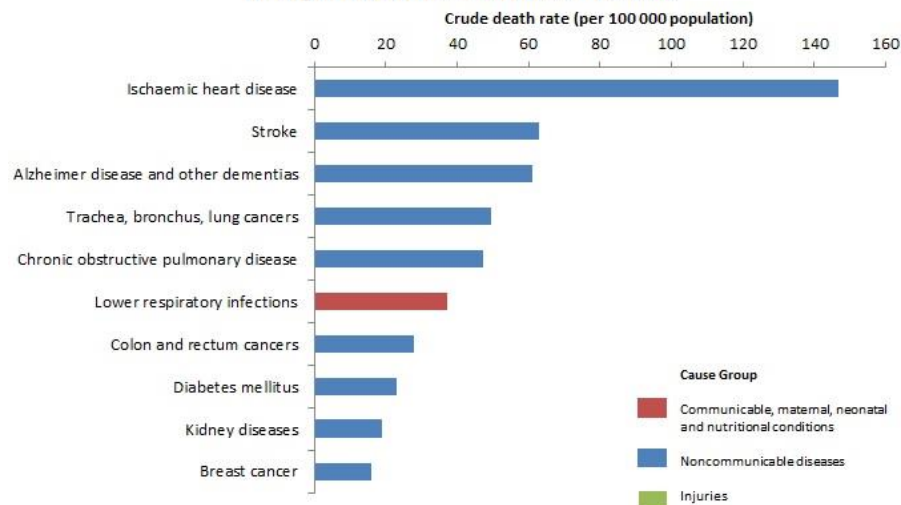
Global causes of mortality

**Top 10 causes of deaths
in low-income countries in 2016**



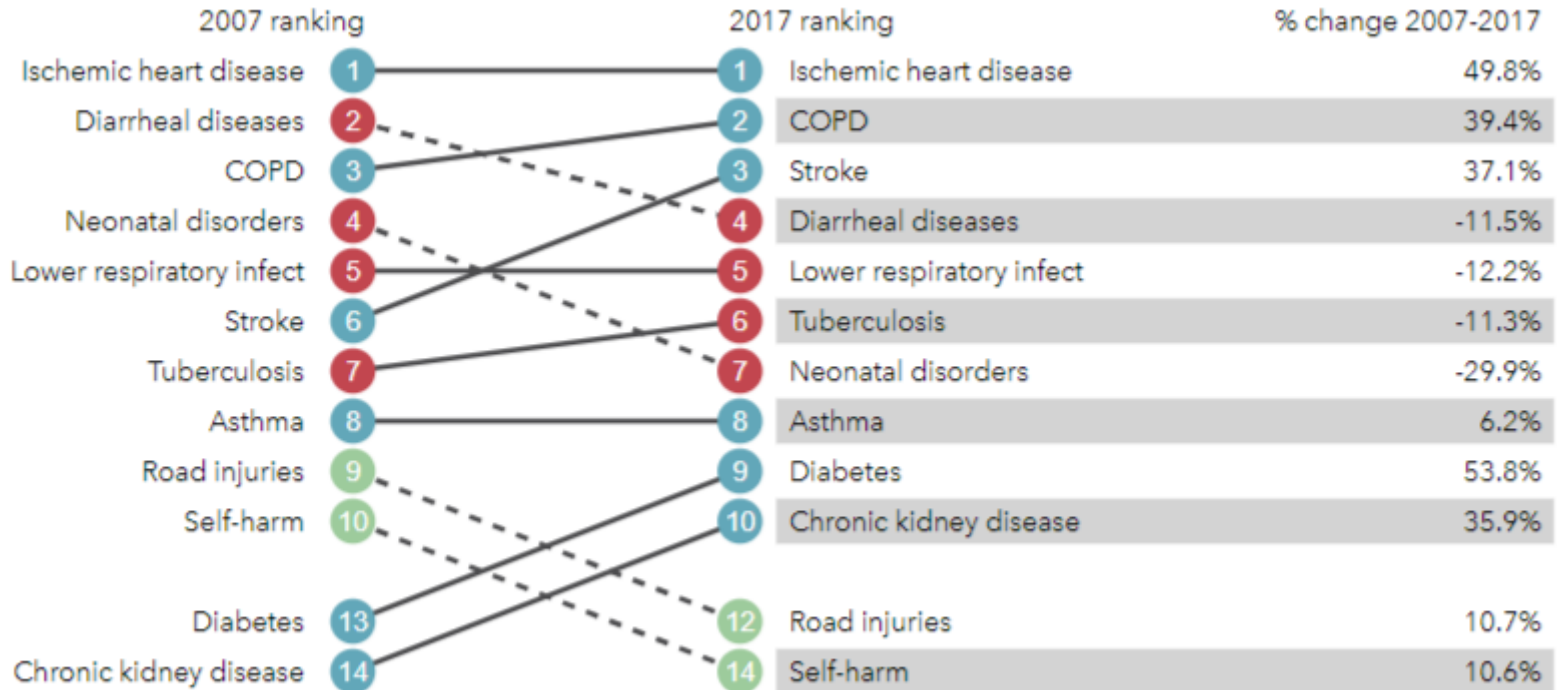
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World Bank list of economies (June 2017). Washington, DC: The World Bank Group; 2017 (<https://datahelpdesk.worldbank.org/knowledgebase/articles/906219-world-bank-country-and-lending-groups>).

**Top 10 causes of deaths
in high-income countries in 2016**



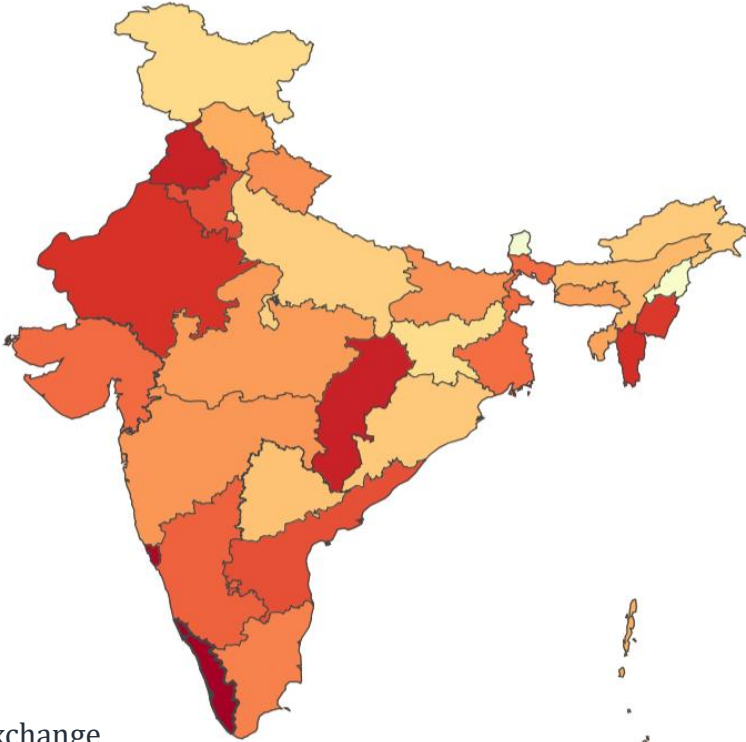
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India: causes of mortality 2007-2017

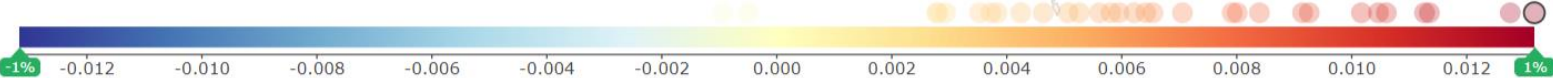


Non-communicable disease mortality 1990-2016

Non-communicable diseases
Both sexes, All ages, Annual % change, 1990 to 2016, Deaths per 100,000

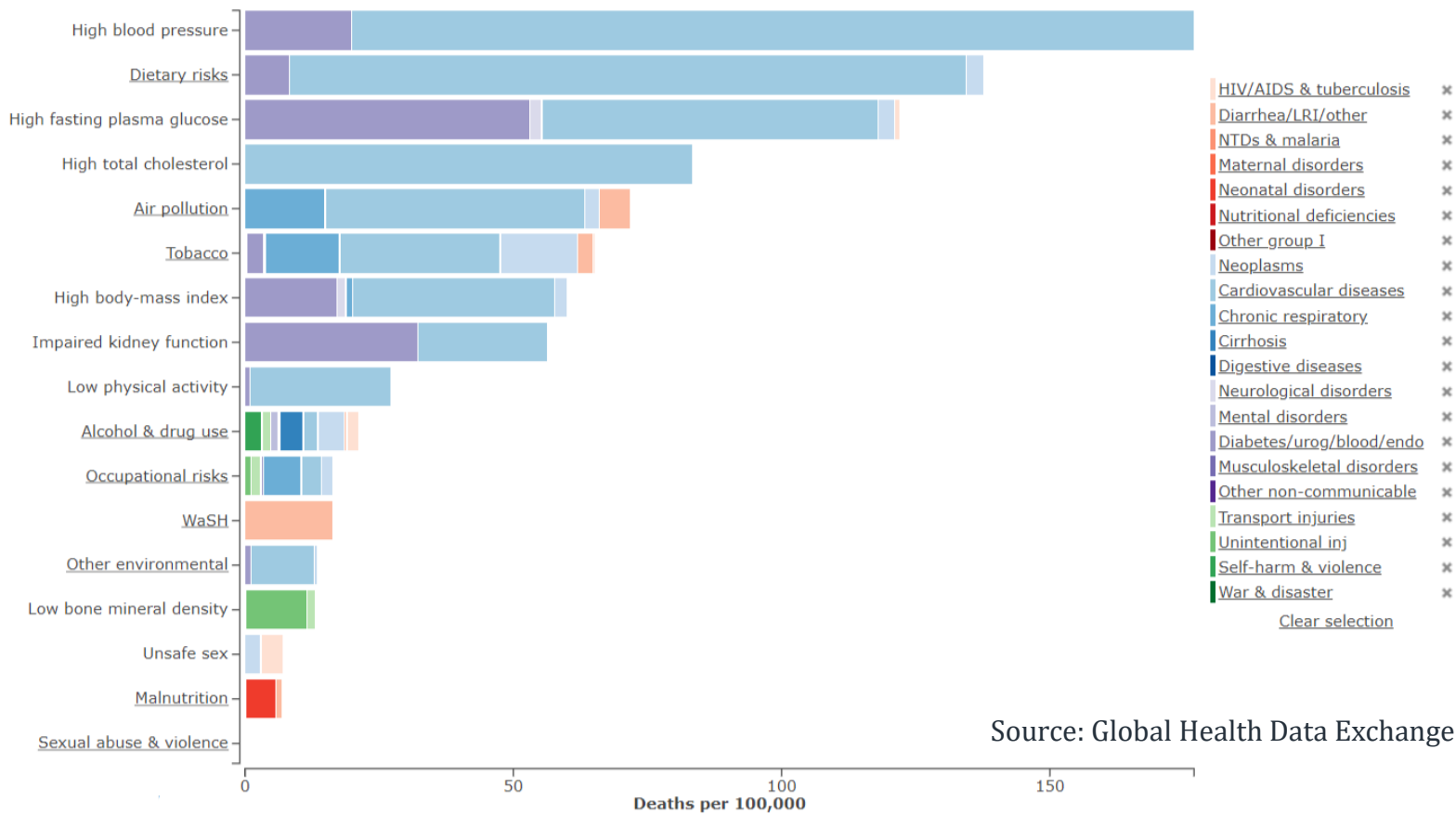


Source: Global Health Data Exchange



Risk factors for mortality, Kerala, 2016

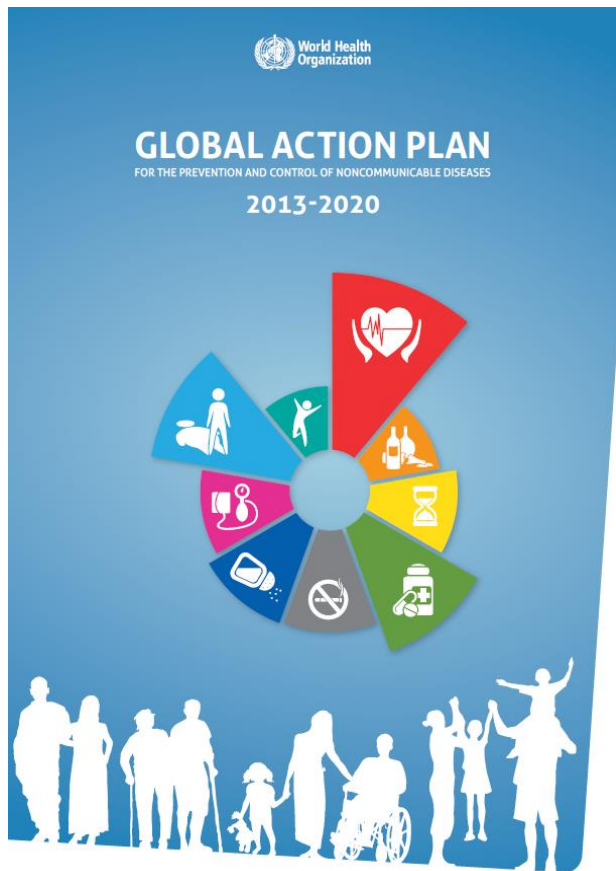
Kerala, Both sexes, All ages, 2016



Key challenges

- Cardiovascular disease and diabetes cause most deaths
- They have no single cause
- Major risk factors include:
 - High blood pressure
 - Diet
 - High blood sugar
 - High cholesterol
 - Air pollution
 - Tobacco
 - Obesity
 - Impaired kidney function
 - Low physical activity

Global action on non-communicable disease



A **25%** relative reduction in risk of premature mortality from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases.



At least **10%** relative reduction in the harmful use of alcohol, as appropriate, within the national context.



A **10%** relative reduction in prevalence of insufficient physical activity.



A **30%** relative reduction in mean population intake of salt/sodium.



A **30%** relative reduction in prevalence of current tobacco use in persons aged 15+ years.



A **25%** relative reduction in the prevalence of raised blood pressure or contain the prevalence of raised blood pressure, according to national circumstances.



Halt the rise in diabetes and obesity.



At least **50%** of eligible people receive drug therapy and counselling (including glycaemic control) to prevent heart attacks and strokes.



An **80%** availability of the affordable basic technologies and essential medicines, including generics, required to treat major noncommunicable diseases in both public and private facilities.

Key challenges

- Health programmes have tackled communicable diseases (e.g. diarrhoea)
 - Clean water
 - Sanitation
 - Hand washing (health education programme)
 - Child malnutrition
- A health programme approach may not be appropriate for non-communicable disease due to:
 - Multiple risk factors
 - Risk factors are intrinsically tied to familial, social, economic and cultural norms

High blood pressure

- Biggest risk factor for cardiovascular disease and diabetes
- Causes:
 - Diet – high salt, not enough fruit or vegetables, too much alcohol
 - Lifestyle – inactive, overweight
 - Older age
 - Family history
- Reducing blood pressure:
 - Reduce salt and alcohol intake; eat more fruit and vegetables
 - Take more exercise; lose weight

Diet

- Second biggest risk factor for cardiovascular disease and diabetes
- Causes:
 - High salt, trans fats
 - Low fruit, vegetables, omega 3, whole grains, fibre, nuts and seeds, legumes
- Diet is shaped by:
 - Our parents in childhood
 - Socio-economic status – income, occupation
 - Family and friends
 - Culture
 - Availability of food, including food prices
- Changing diet is not straight-forward

Multi-sectoral approaches

- WHO Global Action Plan emphasises co-ordinated approach across sectors:
 - Health
 - Agriculture
 - Communication
 - Finance
 - Food
 - Foreign affairs
 - Housing
 - Justice and security
 - Legislature
 - Social welfare
 - Social and economic developments
 - Sports
 - Tax and revenue
 - Trade and industry
 - Transport
 - Urban planning
 - Youth affairs

Multi-sectoral approaches

Government policy

- e.g. UK Sugar tax for childhood obesity
- Introduced April 2018
- Seems to have reduced sugar content in drinks, but impact on childhood obesity not yet known
- 'Sin tax' was introduced in India in 2017



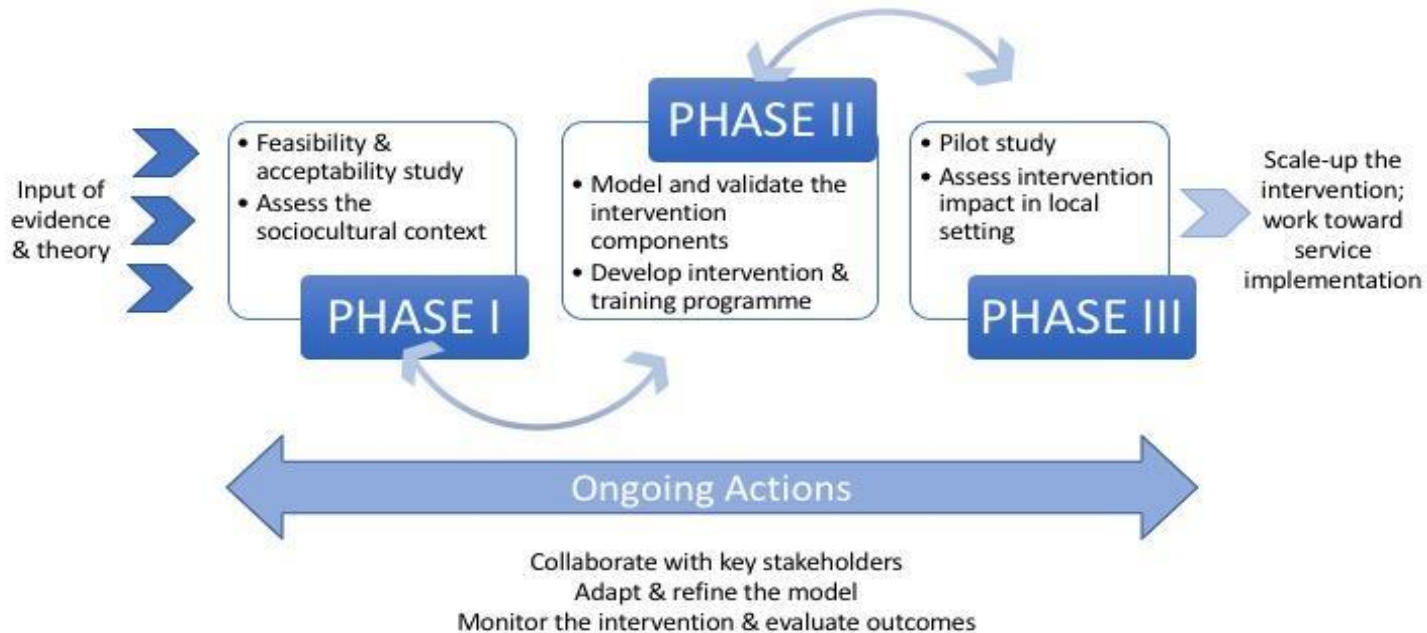
Multi-sectoral approaches

Behavioural responses

- e.g. social interventions - improving healthy eating among adolescents (Aceves-Martins et al 2017)
 - Disadvantaged neighbourhoods in Spain
 - School-based peer-led social marketing intervention improved uptake of fruit and vegetables among adolescent boys and girls
 - Are connections made with primary health care? What about poverty?
 - Could such an approach work in India? Kerala?
 - Cultural adaptation is required

Multi-sectoral approaches

Cultural Adaptation Framework



But what about....

Social determinants of health

- Age
- Gender
- Employment and working conditions
- Poverty and social deprivation
- Social exclusion
- Early child development
- Access to healthcare
- Family and social networks
- Urbanisation

But what about....

Co-morbidities

- E.g. depression
- Depression is more prevalent in people with cardiovascular disease (CVD)
- CVD is more prevalent in people with depression
- Outcomes are worse in people with CVD and depression, and mortality rates are higher
- Health programmes and interventions targeted on either depression or CVD are less effective in this group

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Is there a role for social workers in primary and secondary prevention of NCDs, particularly where there are co-morbid mental health problems?

- Staff-student exchanges between Rajagiri College of Social Sciences and University of York
- Supported development and training of social work research team
- On-going mentorship and collaborative research in partnership with World Health Organisation and University of Melbourne

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Work undertaken so far:

- Scoping review of published literature on social factors in co-morbid chronic disease and common mental health problems in India
- Community survey of a local neighbourhood in Cochin
 - Prevalence of hypertension, diabetes, depression and anxiety
 - Prevalence of socio-demographic, behavioural and social risk factors
 - Understanding of social context including social cohesion and networks
- Findings will be revealed later...

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Next steps:

- Complete qualitative stakeholder interviews
- Intervention development
- Test feasibility of intervention
- Preparation for piloting and testing in a randomised controlled trial

Key considerations

- Use evidence-based approaches and adapt for local socio-economic and cultural environment
- Innovate and create new approaches
- Be guided by emerging findings from analysis of qualitative and quantitative data
- Think beyond existing approaches to addressing health problems
- Connect people and bridge across traditional boundaries (e.g. health and social welfare)
- See the big picture – problems are complex and inter-connected

Thank you!

martin.webber@york.ac.uk

<https://www.york.ac.uk/spsw/research/icmhsr/>

<http://martinwebber.net/>



@mgoat73