

Health inequalities in ireland essay



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The strategy visualized the development of a national waiting time database by the proposed National Hospitals Agency.

This database would help direct patients awaiting treatment to an appropriate hospital with sufficient capacity. The management and classification of waiting lists was to be reorganized in several important ways and used in the operation of the NNTP. Patients can be referred to the NNTP by their GPs, hospitals or Consultants, or they can contact the NNTP directly.

Co-location ex Beacon Medical Group Quote from Mary Harley in a parliamentary debate : All private patients and overflow public patients treated in a dedicated facility Paper 53% have private health insurance Fewer hospital beds now than in 1988 ND worst health service in Europe - 2006 Euro health consumer index In 2020 it is predicted that we will have an aging population of 5.2 million with 1.5 million being older than 62 Action is needed now to provide future requirements The beacon says that the future lies in public private partnership ex co-location Taking action now to improve our health system means a healthier population, stronger workforce, and a more productive economy.

Recent CSS figures found marked inequalities in life expectancy rates and mortality rates depending on area of deprivation, social class/occupation and level of education obtained Recommendations to combat health inequalities: Developing a valid evidence base to support policy decisions.

This should ensure that inequalities in different sections of society (gender, those living in poverty, the unemployed, immigrants, Travelers) are documented in order to assess the benefits of policies to reduce inequalities;

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2. Ensuring that redistributive policies are directed towards reducing inequality; 3. Lowering the barriers to job creation to ensure that as many citizens in Ireland can have the opportunity of satisfying and sustaining employment; 4. Ensuring that health is considered a basic human right and that health services are provided on the basis of solidarity; 5.

Realigning the country to ensure the conditions exist in which people and communities can flourish in health. This must take place at the highest policy level and should be achieved through a policy of health-proofing all public policy - in other words deleterious as well as beneficial effects of policy should be gauged using health impact assessment. EX. POLICY ON HEALTH INEQUALITIES : The EX.

has adopted a number of strategies and policies for addressing health inequalities.

In October 2009, the European Commission issued a communication Solidarity in Health: Reducing Health Inequalities in the EX. which sets out the Commission's measures to address health inequalities including: ; Collaboration with national authorities, regions and other bodies; ; Assessment of the impact of EX. policies on health inequalities to ensure that they help reduce them where possible; ; Regular statistics and reporting on the size of inequalities in the EX.

and on successful strategies to reduce them; ; Better information on EX. funding to help sectional authorities and other bodies address the inequalities.

Since 2006, all EU policies are required by Treaty to follow the Health in all Policies approach, a policy strategy, which targets the key social determinants of health through integrated policy response across relevant policy areas with the ultimate goal of supporting health equity. In June 2006 the Council adopted a statement on common values and principles in EU healthcare systems which declares 'The health systems of the European Union are a central part of Europe's high levels of social cohesion, and contribute to social cohesion and social justice as well as to sustainable development.'

Quality and fairness - a health system for you - health strategy - dept of health and there are unacceptably long waiting times in various parts of the system' - in the public part of the system! 'important services remain underdeveloped and demographic challenges must be addressed' This report is based on four pillars in which to improve the health system, equality is just one pillar along with a people centered service, wealth of care, clear accountability.

I think that once we get the issue of equality dealt with the remaining three pillars will follow. Equality should be seen as the catalyst for health care reform. . The planning and funding of acute hospital services will be reformed. Funding will be more directly linked to service levels and there will be much greater transparency in the planning, funding and delivery of services.

To develop an effective health system, the determinants of health, that is the social, economic, environmental and cultural factors which influence

health, must be taken into account. Important foundations of adult health are also established in prenatal life and early childhood. Slow growth and lack of emotional support during this period raise the lifetime risk of poor physical health and reduced physical, cognitive and emotional functioning.

Social and community networks, including families, have a considerable role to play in the health of individuals. It is often through local structures that services are delivered or that individuals and communities get information about health and health services and get the support they need to take an active role in improving their own health. Other determinants of health include education, employment, housing, work environment, agriculture, food production, water and sanitation, and health services.

These factors are described as socio-economic, cultural and environmental conditions and they affect an individual's social and educational pathway through life. Purpose of the strategy : work with everyone in the health system who has a role to play in improving health ; engage with the wider community to improve health ; evaluate services so that resources are used to best effect ; reform the way we plan and deliver services within the system ; modernism ND expand health and personal social services through focused investment ; support the development and contribution of people who work in the health system.

Four principles guided the development of the strategy : EQUITY, PEOPLE CENTEREDNESS , QUALITY AND ACCOUNTABILITY EQUITY ' equity means that health inequalities are targeted ' ' people are treated fairly according to need ' Everyone should have a fair opportunity to attain full health potential

and, more pragmatically no-one should be disadvantaged from achieving this potential, if it can be avoided. Inequity refers to differences in health which are not only unnecessary and avoidable but, in addition, are considered unfair and unjust' (Health 21, WHO).

People from the lower socio-economic groups suffer a disproportionate burden of ill- health. The equity principle recognizes that social, environmental and economic factors including deprivation, education, housing and nutrition affect both an principle underpins the National Development Plan and the need to address health inequalities in more radical ways than in the past was highlighted in the 1999 Report of the Chief Medical Officer. Access to health care should be fair. The system must respond to people's needs rather than have access dependent on geographic location or ability to pay.

A perceived lack of fairness and of equal treatment are central to many of the complaints made of the existing system. Improving equity of access will improve health by ensuring that people know what services they are entitled to and how to get those services and that there are no barriers, financial or otherwise, to receiving the services they need. Equity will be central to developing policies (I) to reduce the difference in health status currently inning across the social spectrum in Ireland; and to ensure equitable access to services based on need.