Mini-Review Article (ISSN: 2832-5788)



Health Inequalities

Anas Malik Radif Alubaidi, MBChB, PgDip, Prof Dip Paeds(RCPI)^{1,2,3,4,5*}

¹Bachelor of Medicine and General Surgery/ Baghdad University

²Postgraduate Diploma Degree in Acute Medicine/ University of South Wales

³Postgraduate Diploma Degree in Public health/ University of South Wales

⁴Postgraduate Diploma Degree in Care of the Elderly/ University of Wales Trinity Saint David

⁵Professional Diploma in Pediatrics/ Royal College of Physicians of Ireland

Citation: Anas Malik Radif Alubaidi. Health Inequalities. Ann Med Res Pub Health. 2023;1(2):1-2.

Received Date: 06 July, 2023; Accepted Date: 10 July, 2023; Published Date: 12 July, 2023

*Corresponding author: Anas Malik Radif Alubaidi, Bachelor of Medicine and General Surgery/

Baghdad University, Postgraduate Diploma Degree in Acute Medicine/ University of South Wales, Postgraduate Diploma Degree in Public Health/ University of South Wales, Postgraduate Diploma Degree in Care of the Elderly/ University of Wales Trinity Saint David, Professional Diploma in Pediatrics/ Royal College of Physicians of Ireland Copyright: © Anas Malik Radif Alubaidi, Open Access 2023. This article, published in *Ann Med Res Pub Health (AMRPH)* (Attribution 4.0 International), as described by http:// creativecommons.org/licenses/by/4.0/.

ABSTRACT

One of the big burdens and one of the big concerns in the public health practice worldwide is the Health Inequalities. Health Inequalities is a topic and a matter in the healthcare systems that needs to be addressed and managed by the public health practitioners, healthcare workers, law/ policy makers, and officials everywhere.

Keywords: Health Inequalities

HEALTH INEQUALITIES

Health Inequalities defined by the World Health Organization (WHO) as systematic differences in the outcomes of the health. Are differences in the status of health and in the distribution of the health sources between the variable population groups, that might rise from the social conditions in which people are born, grow, live, work, and age.

Health Inequalities defined by the Public Health Scotland as the unjust and avoidable differences in the health of the people across the population and in between specific groups.^[1]

In this important topic, it is necessary to consider and to address the Health Inequalities in avoidable mortality which are deaths that could be avoided via treatable mortality and amenable mortality.



CAUSES OF HEALTH INEQUALITIES

According to Public Health Scotland, the fundamental causes of the health inequalities could be unequal distribution of each the income, the power, and the wealth. However, these fundamental causes might affect wider environmental influences on health for instance the availability of each the work, the education, and the high-quality housing. These fundamental causes are able to affect, as well, the access into each the services, and both the social and the cultural opportunities.^[1]

INTERVENING TO REDUCE HEALTH INEQUALITIES

There are many ways that are available to intervene to reduce the health inequalities like intervening at different levels of risk, intervening for impact over time, and intervening across the life course. However, interventions need to be sustainable and systematically delivered at a scale in order to reach large sections of the population and to have real, effective, and useful impact at the population level overall.^[2]

So, the interventions need to be:

- Evidence based.
- Outcomes oriented.
- Systematically applied.
- Scaled up properly.
- Resourced properly.
- Sustainable.

MEASURING AND ASSESSING HEALTH INEQUALITIES

There are 2 distinct approaches in order to evaluate and assess the health inequalities. The most common approach of assessment is measuring social group differences in health which is characterized by defining certain social groups a priori and then examining the health differentials between them, this approach assumes the meaningful social groupings that reflect the unequal distribution of resources and opportunities.^[3]

The other approach is by measuring the distribution of health status across individuals in a population, analogous to measures of income distribution in a population.^[3]

RECOMMENDATIONS

- It is advisable to look through, to search about, and to learn from the experienced resources.
- Strategic and planned advocacy to reach the decision makers and the policy makers.
- Implementing effective measures. [1]
- Ensuring of fewer or no barriers in terms of process, stigma, accessibility, and discrimination.^[1]

CONCLUSION

All the people should have the same access opportunity into healthcare services in order to have a healthy live. Health inequalities mean poorer health, reduced quality of life and early death for many people.^[2]

Annals of Medicine Research and Public Health Mini-Review Article (ISSN: 2832-5788)



In conclusion, health inequalities have to be limited, to be managed and to be under control in order to have equal opportunities of access into the healthcare systems.

REFERENCES

- 1. Public health Scotland, 24th December 2021. (Improving health). Available at: http://www.healthscotland.scot/health-inequalities/what-are-health-inequalities. Accessed on: 5th July 2023.
- public health England, August 2017. (Reducing health inequalities). Available at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/731682/Reducing_health_inequalities_system_scale_and_sustainability.pdf. Accessed on: 5th July 2023.
- 3. I Kawachi and et al., 2002. (A glossary for health inequalities). Available at: https://jech.bmj.com/content/56/9/647. Accessed on: 5th July 2023.