

EXTREME EXCLUSION AND HEALTH



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The health impact of exclusion:

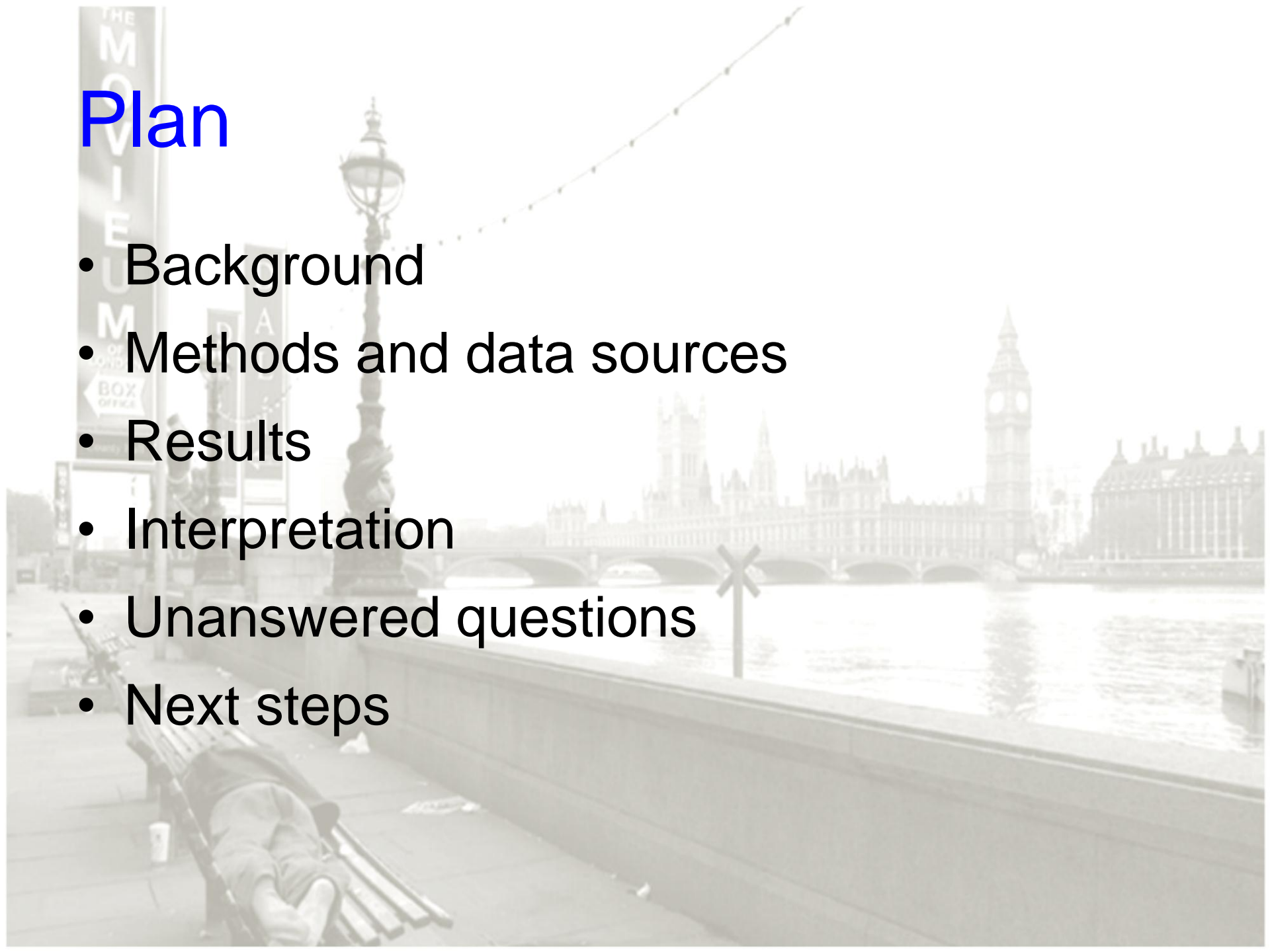
An evidence synthesis in high-income countries

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Plan

- Background
- Methods and data sources
- Results
- Interpretation
- Unanswered questions
- Next steps



Inclusion health

- Targets people in extremes of poor health due to poverty, marginalisation and multiple morbidity, compounded by the failure of mainstream services to recognise and meet their needs

Why do we need data

- Invisible = ignored
- Targeting resources
- Understanding impact of health interventions and service responses
- Improving health equity

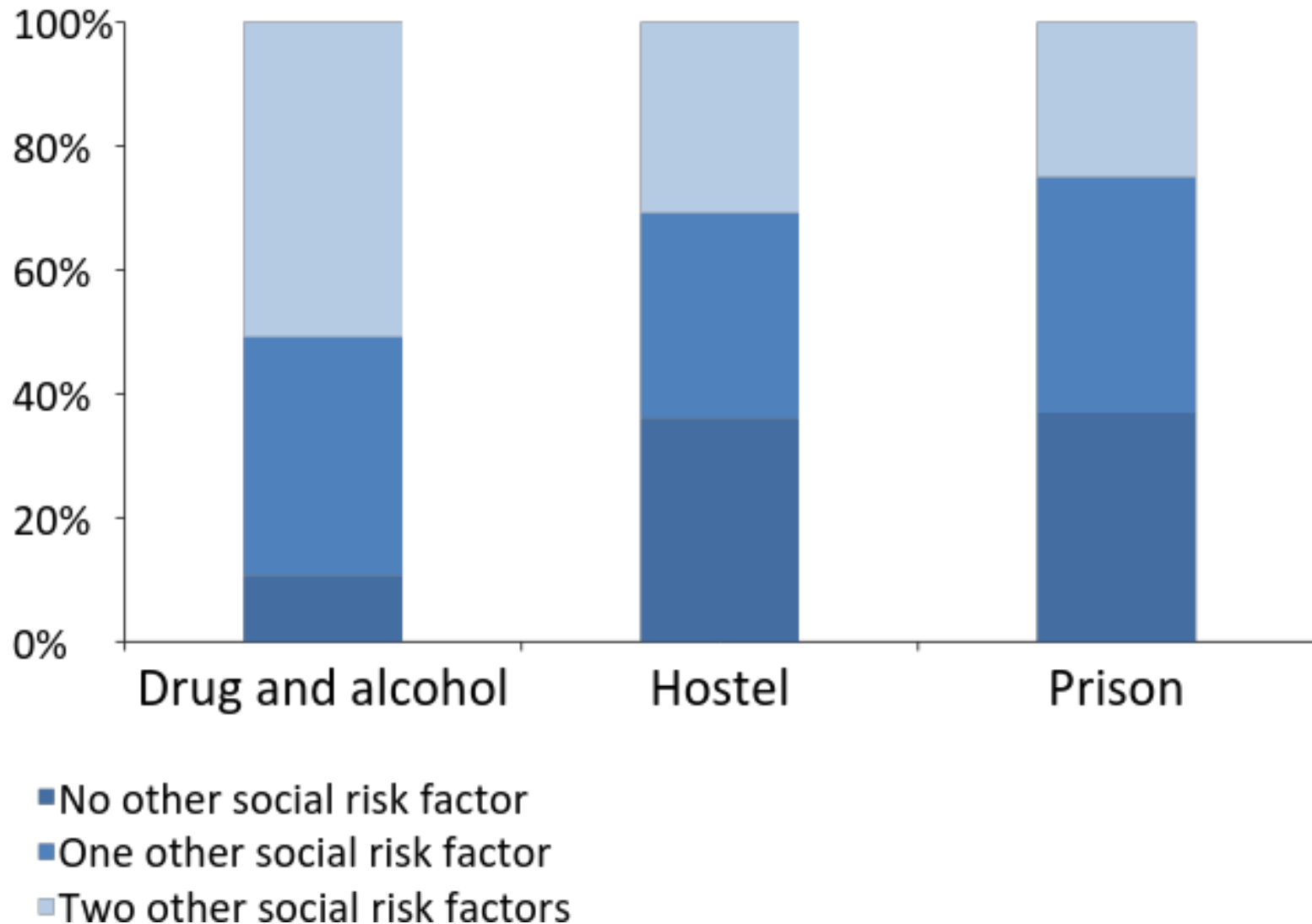


Aim

- Synthesise published* morbidity and mortality data on populations experiencing overlapping / exemplar characteristics of deep exclusion
 - homelessness
 - drug dependence
 - sex work
 - imprisonment

*focussed on systematic reviews, meta-analyses , large scale cohorts, data linkage or cross sectional studies in these groups in high income countries.

Intersecting risk factors



Cause or consequence

- Temporal sequencing highly consistent
- Substance misuse and mental health problems tend to occur early
- Homelessness and a range of adverse life events typically occurring later.
- The strong inference that these later-occurring events are largely consequences rather than originating causes

Early

- sofa-surfing
- prison
- sex for £/drug
- anxiety or depression
- survival shoplifting
- violent crime victim

Mid

- rough sleeping
- IDU
- begging
- hospitalised with a mental health issue
- bankruptcy
- divorce

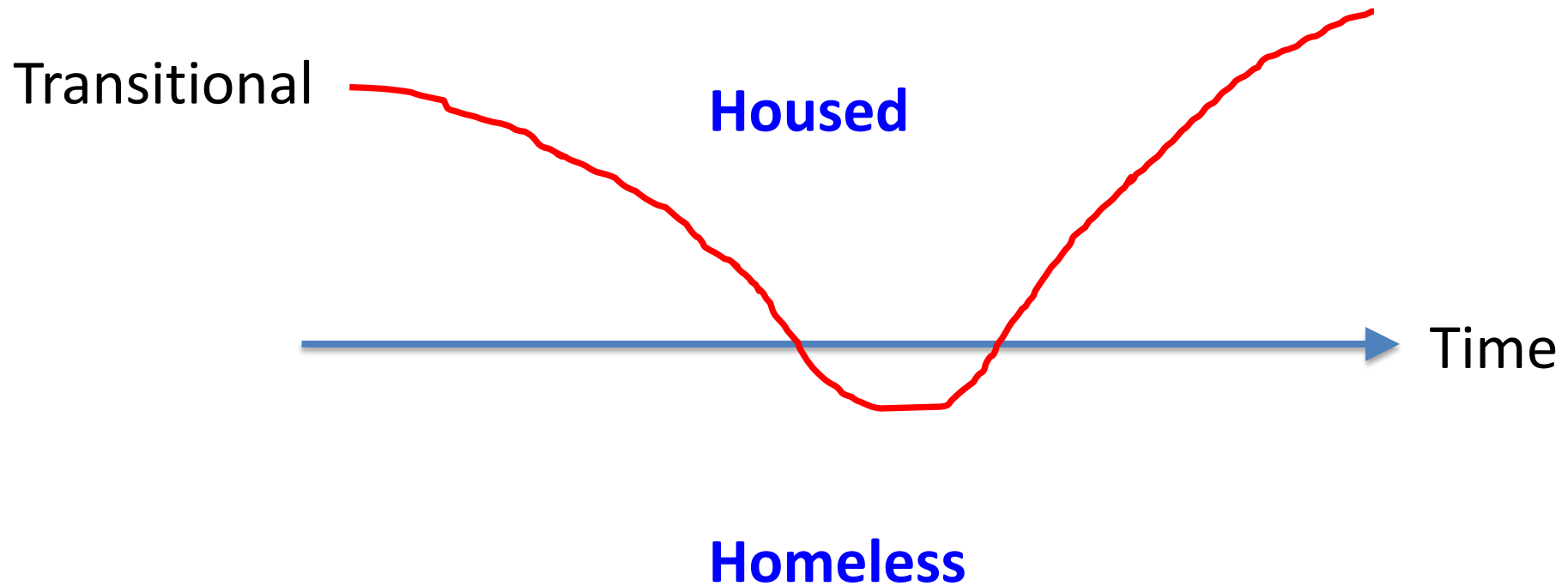
Late

- officially homeless
- hostel resident
- evicted or repossessed
- death of spouse or partner

Definitions

- All groups poorly defined
- State NOT a trait
 - duration, frequency, type (severity), timing
- Measuring
 - Visible and invisible populations
 - Denominators challenging - churn

Duration and frequency

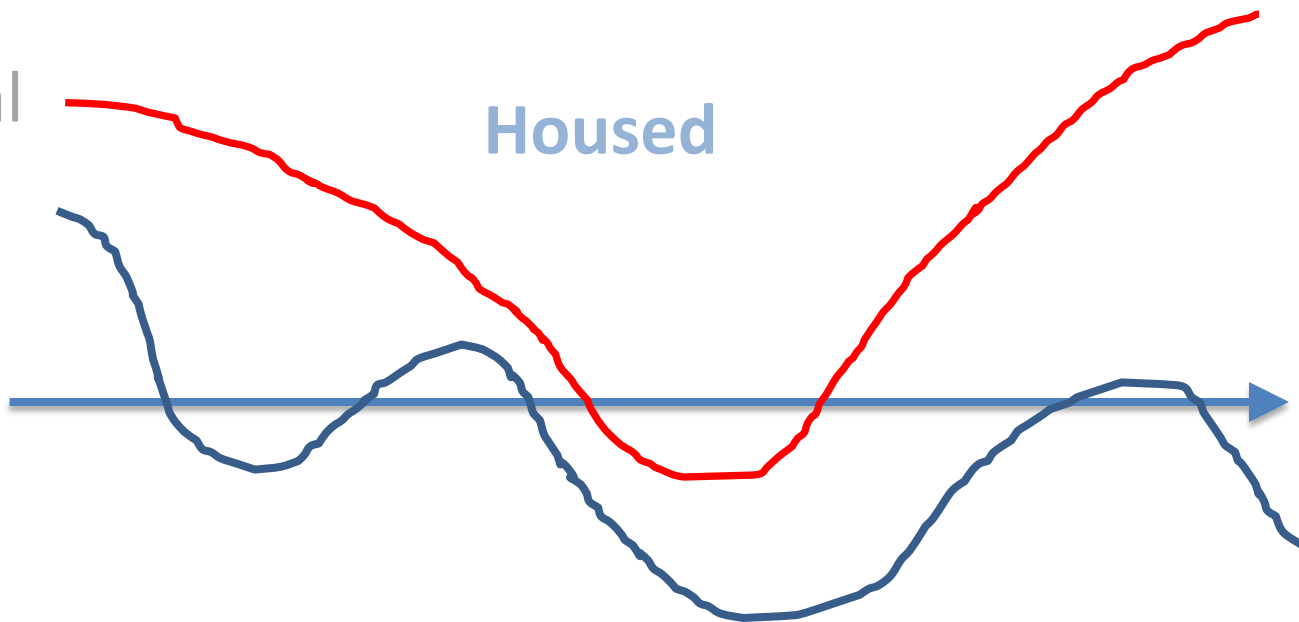


Transitional
Episodic

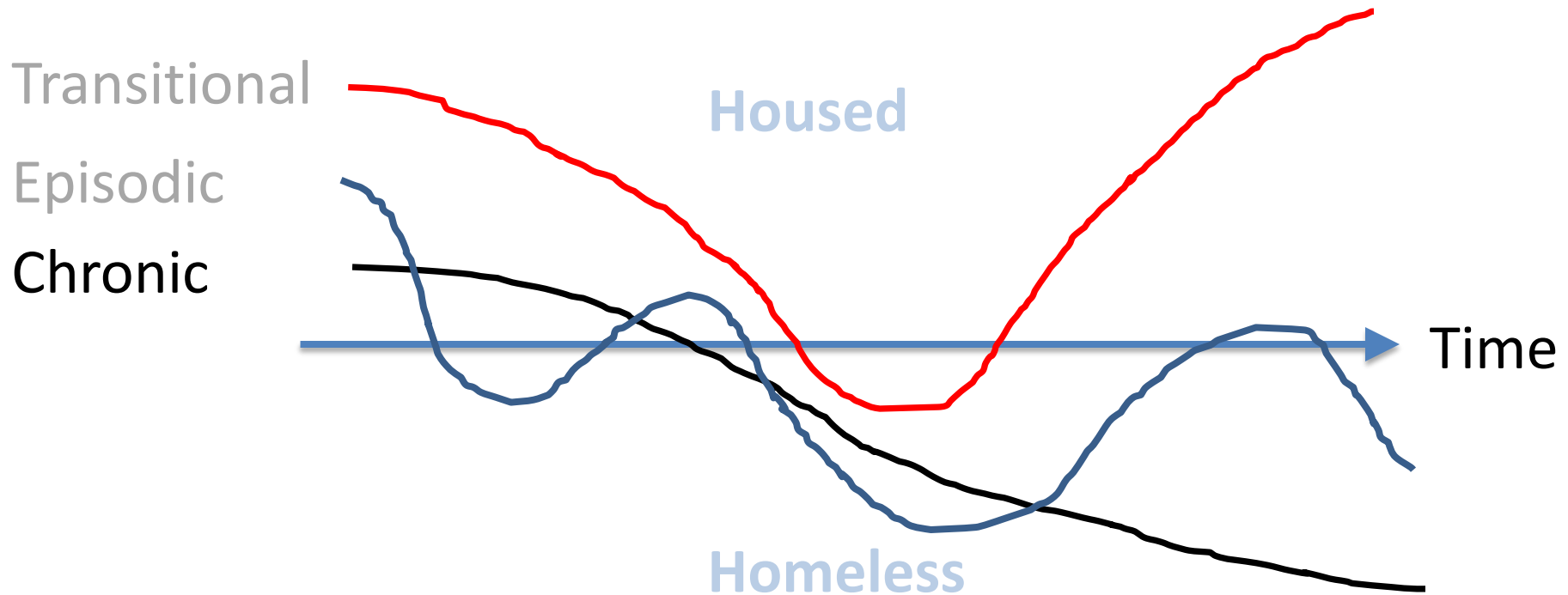
Housed

Homeless

Time



Duration and frequency



Methods

- Cochrane Library, Medline and Embase from Jan 1st 2000 to 30th February 2015.
- Initial search
 - systematic reviews and meta-analyses
- Repeated search (same search terms)
 - cohort and cross sectional studies excluding conditions where systematic reviews had been identified.

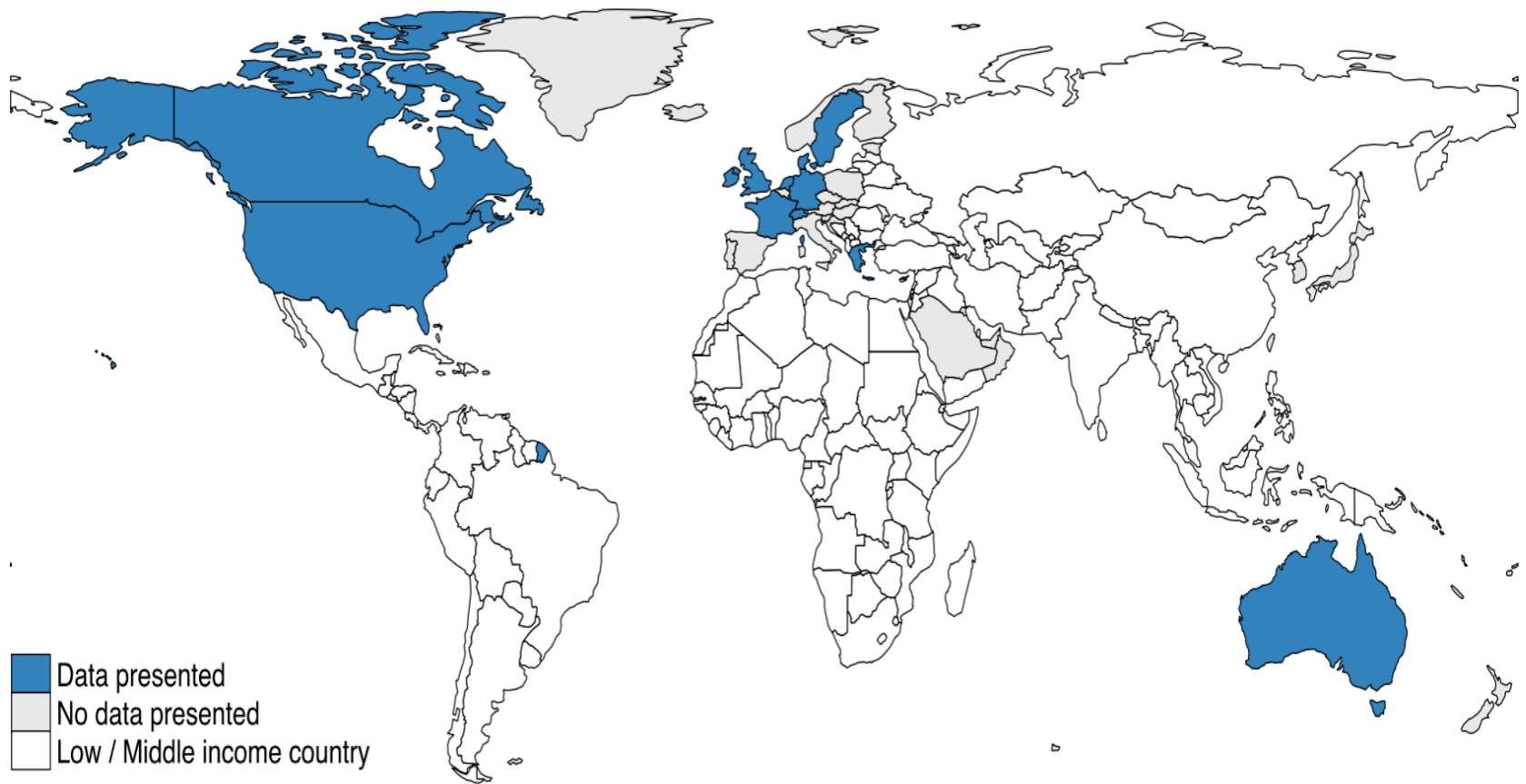
Methods - criteria

- Rob A reviewed all titles and abstracts
- Morbidity or mortality outcomes for ICD10 conditions reported using prevalence, incidence or standardised rate measures

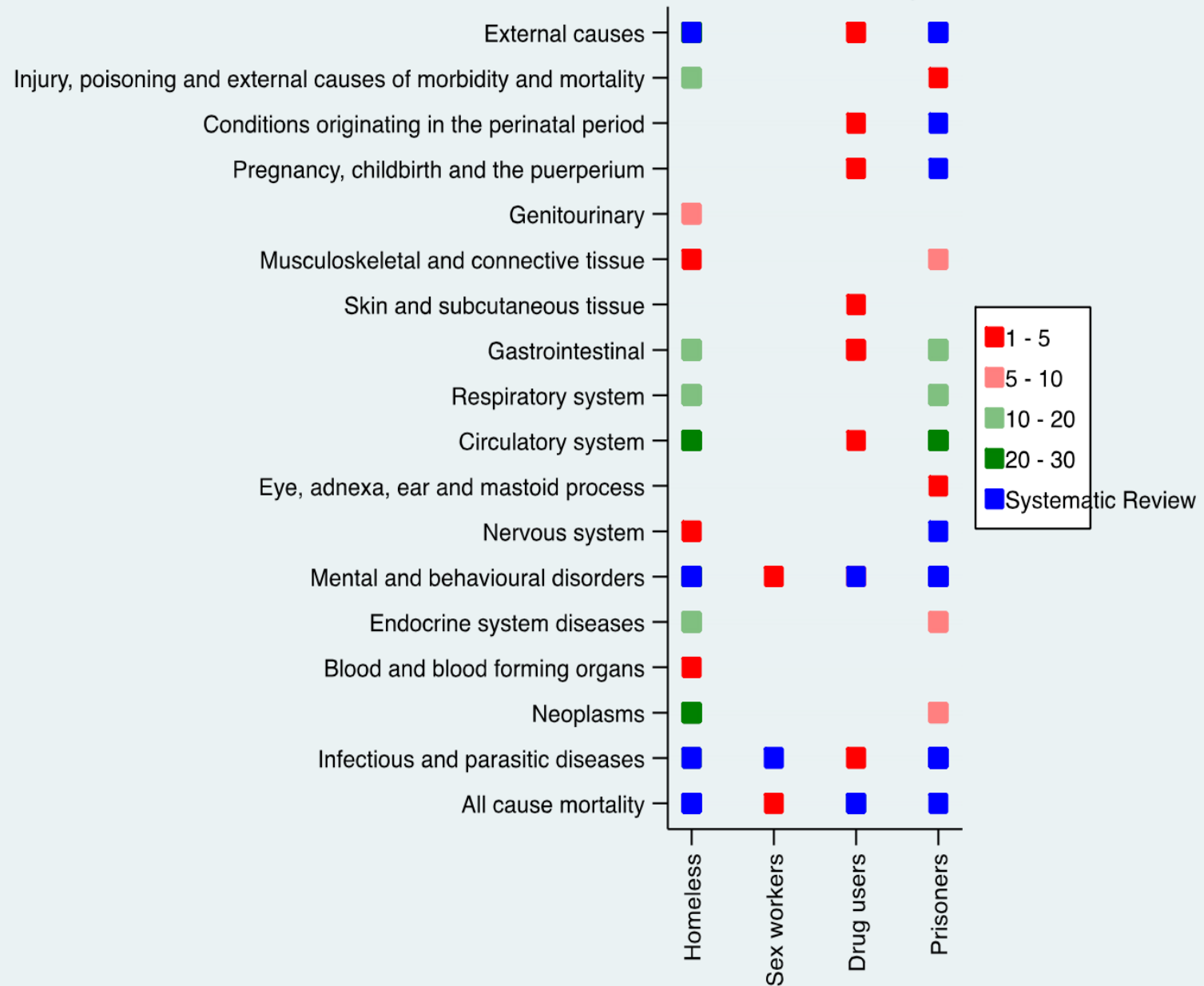
Methods – data extraction

- Five authors used standard template to collate
 - study design, year of study
 - number of participants
 - primary outcomes mapped to ICD 10 category

Countries with available data.

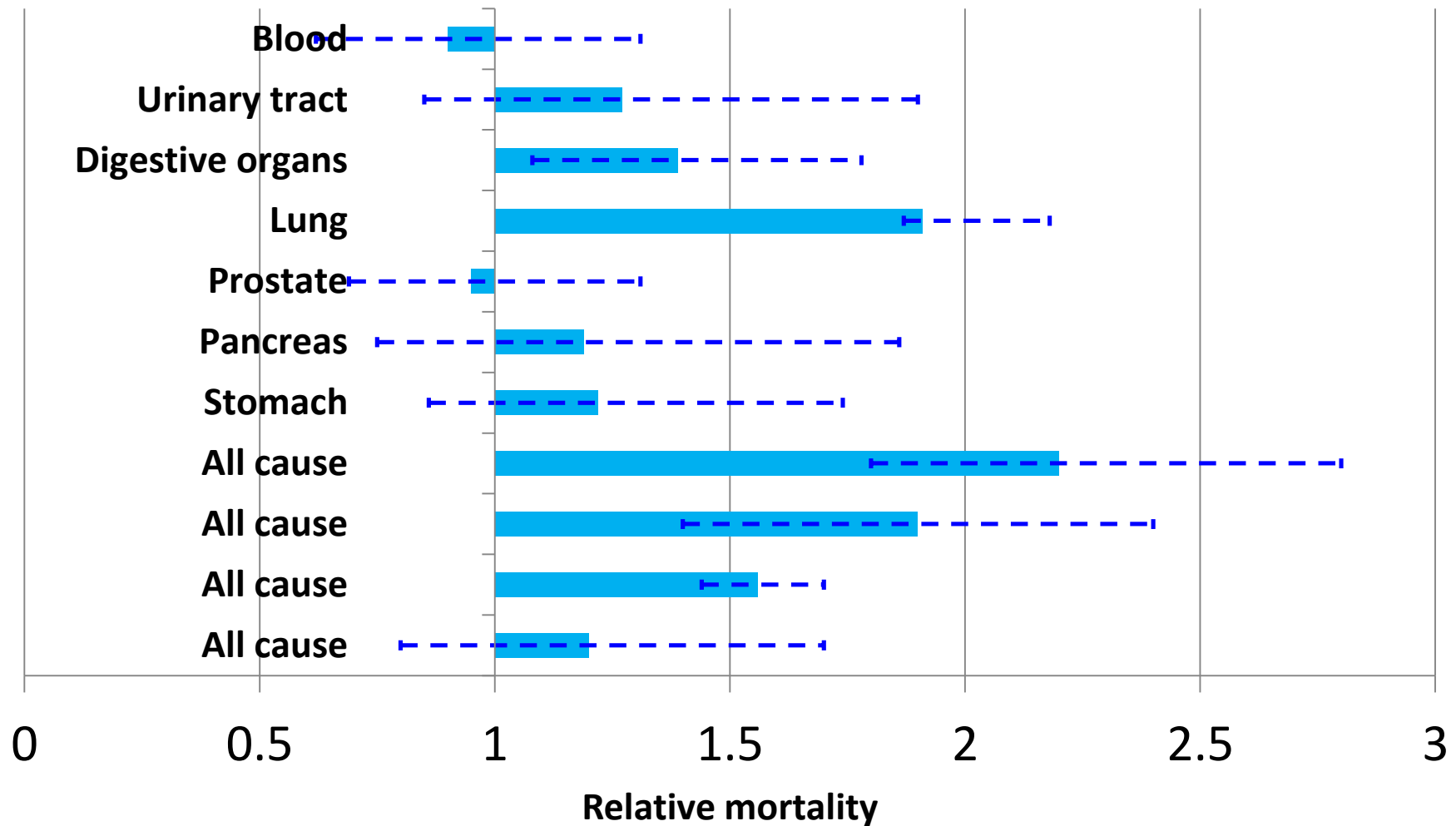


Number of data points for ICD10 categories by inclusion health group



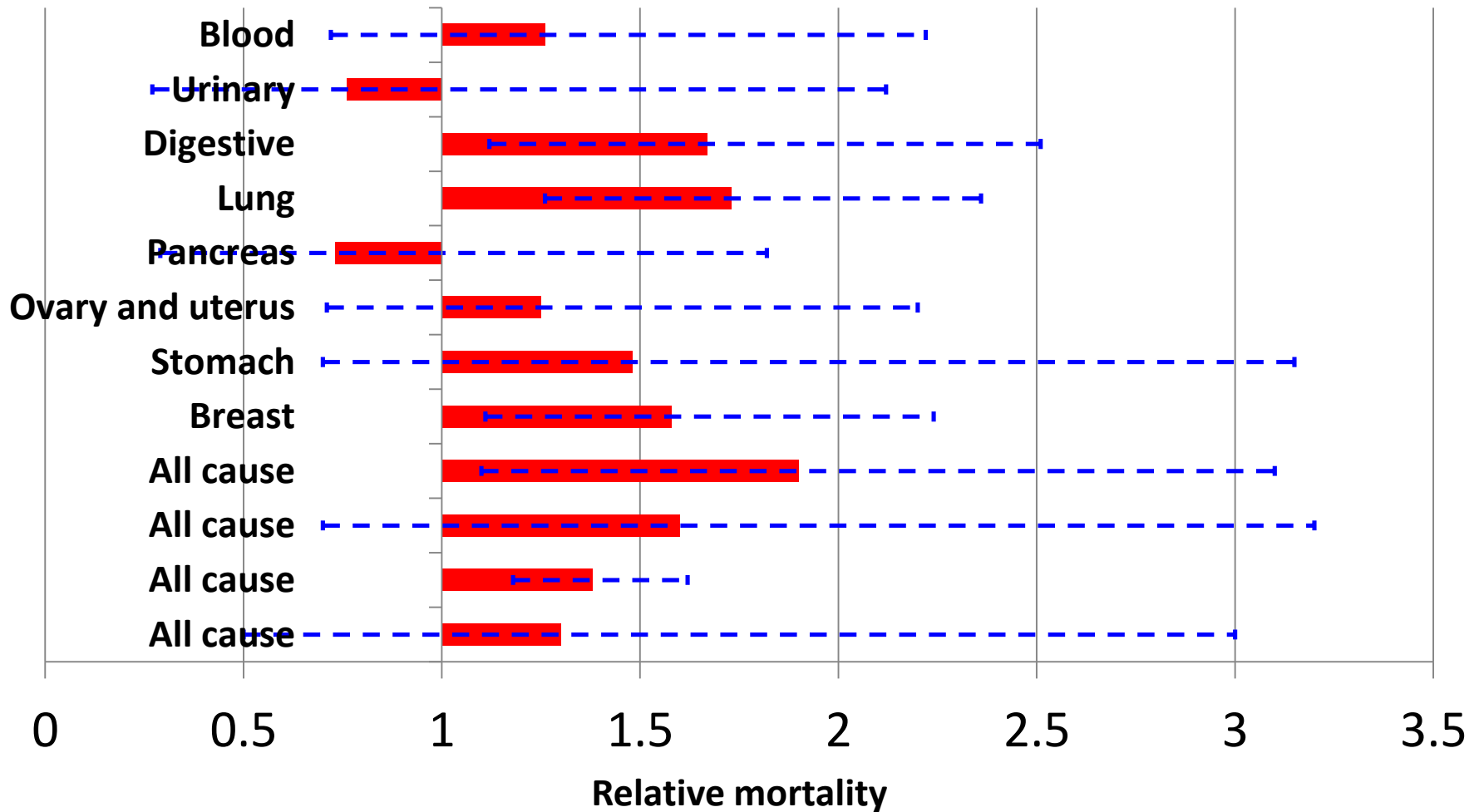
Relative mortality

Cancer – Homeless men

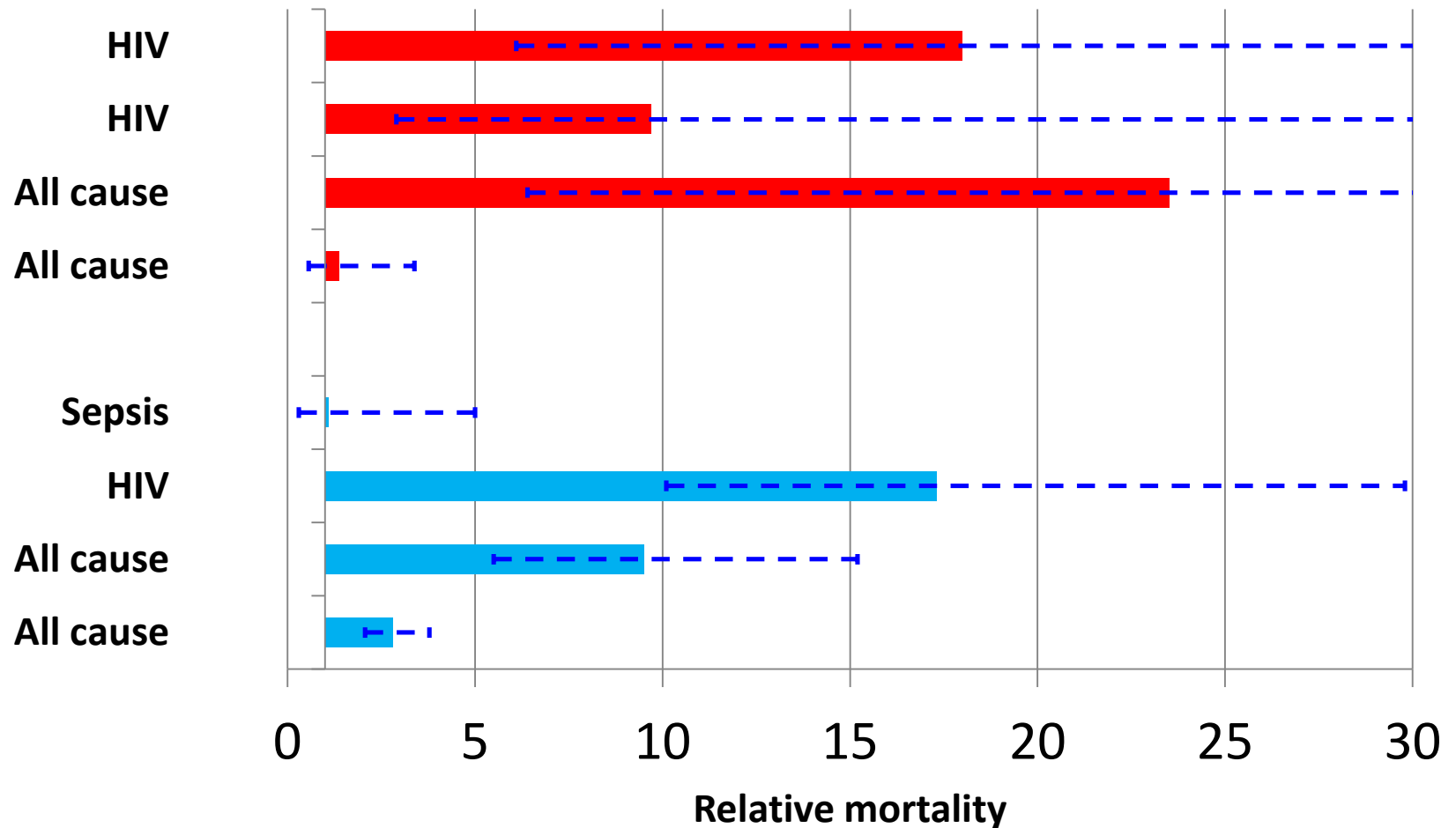


Relative mortality

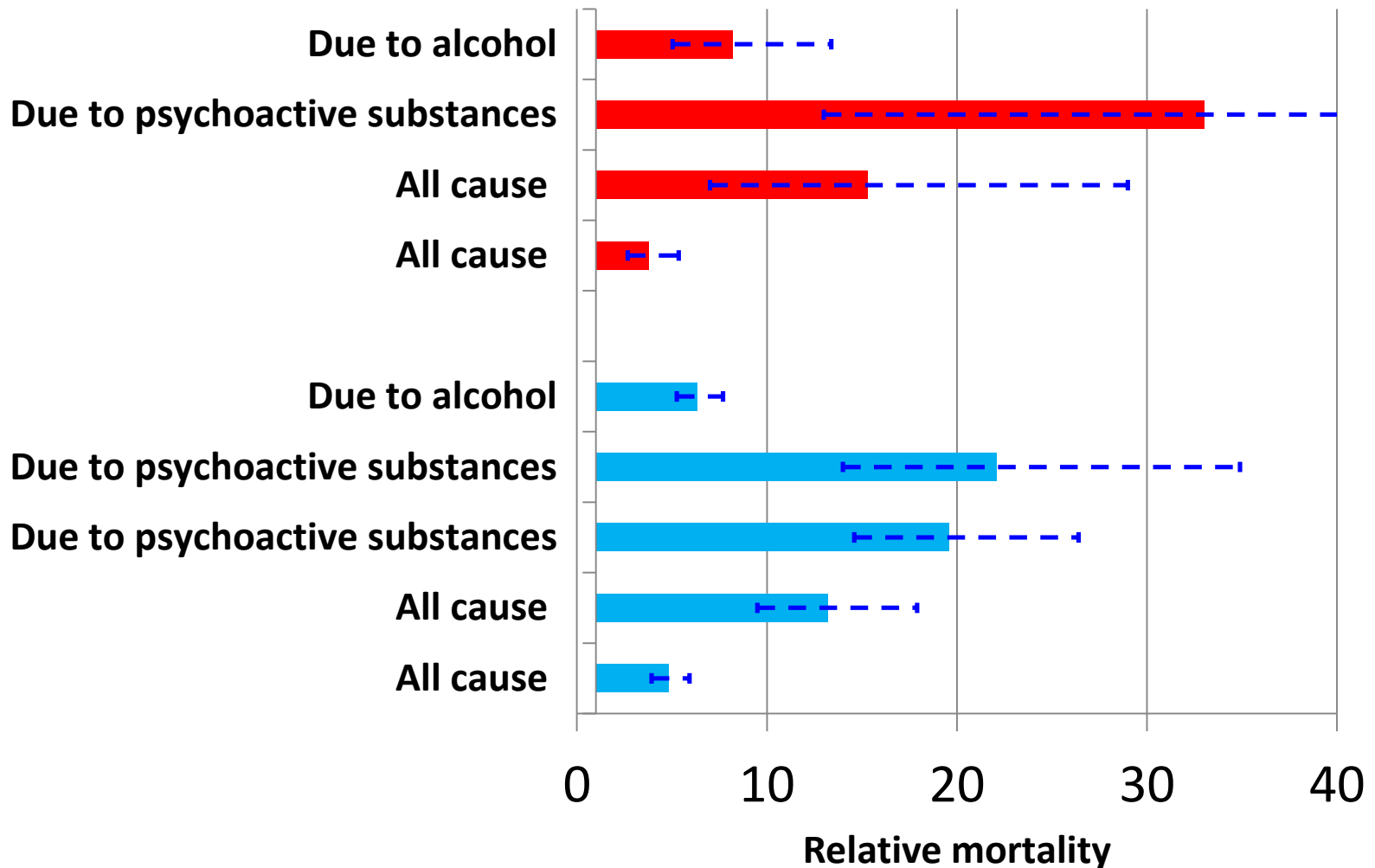
Cancer – Homeless woman



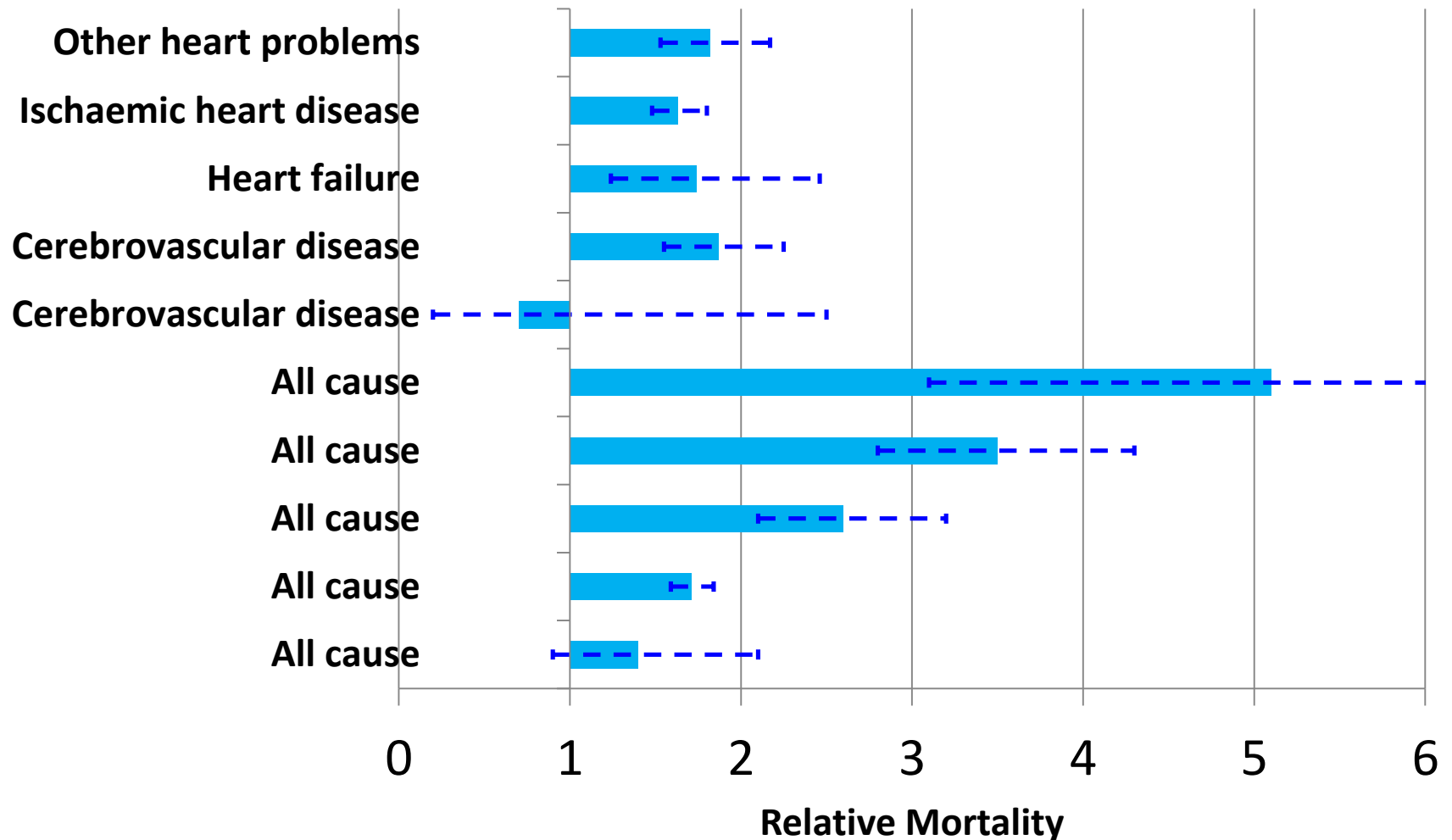
Relative mortality infectious disease - Homeless men and women



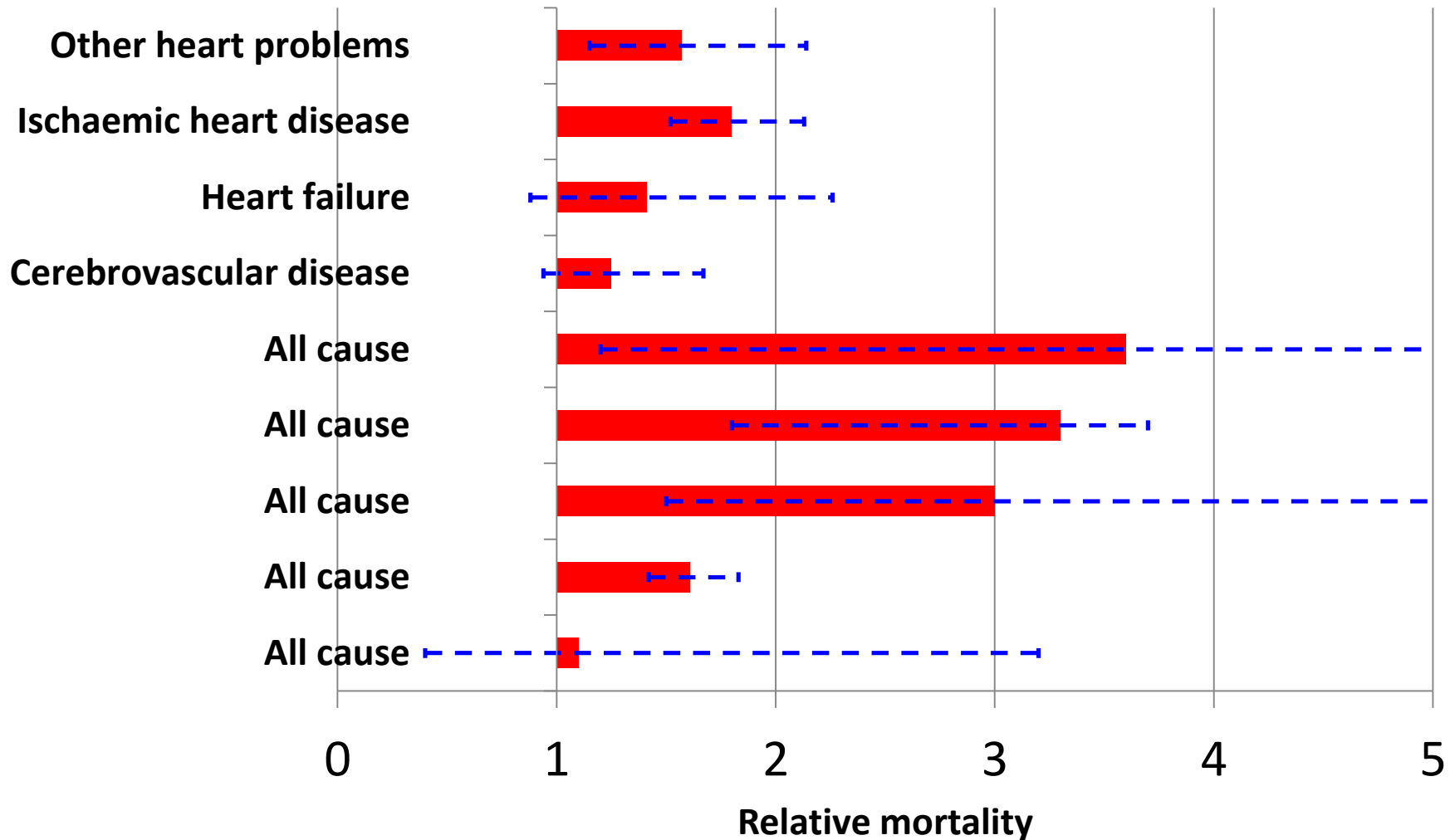
Relative mortality - mental and behavioural Homeless men and women



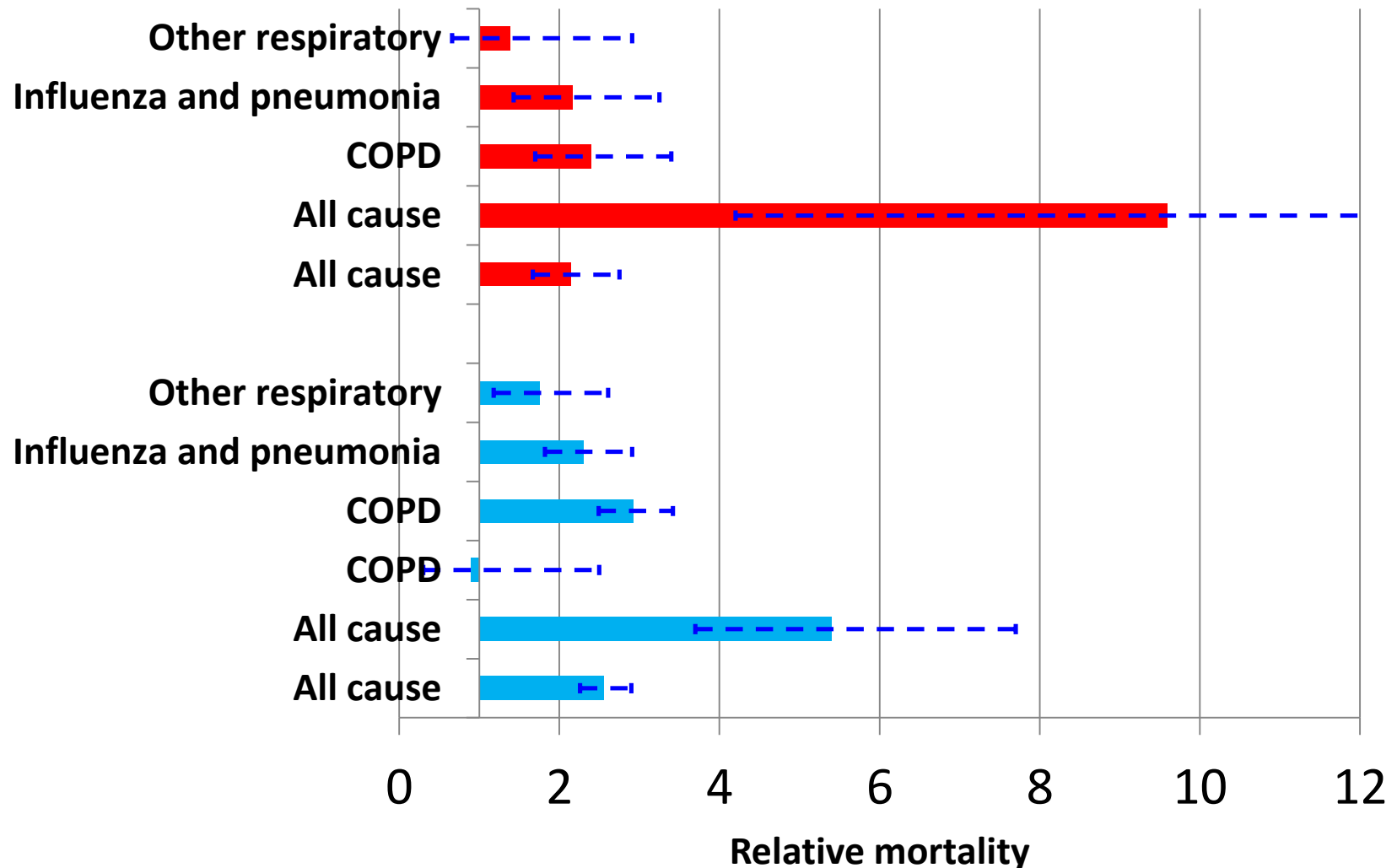
Relative Mortality - Cardiovascular disease - Homeless men



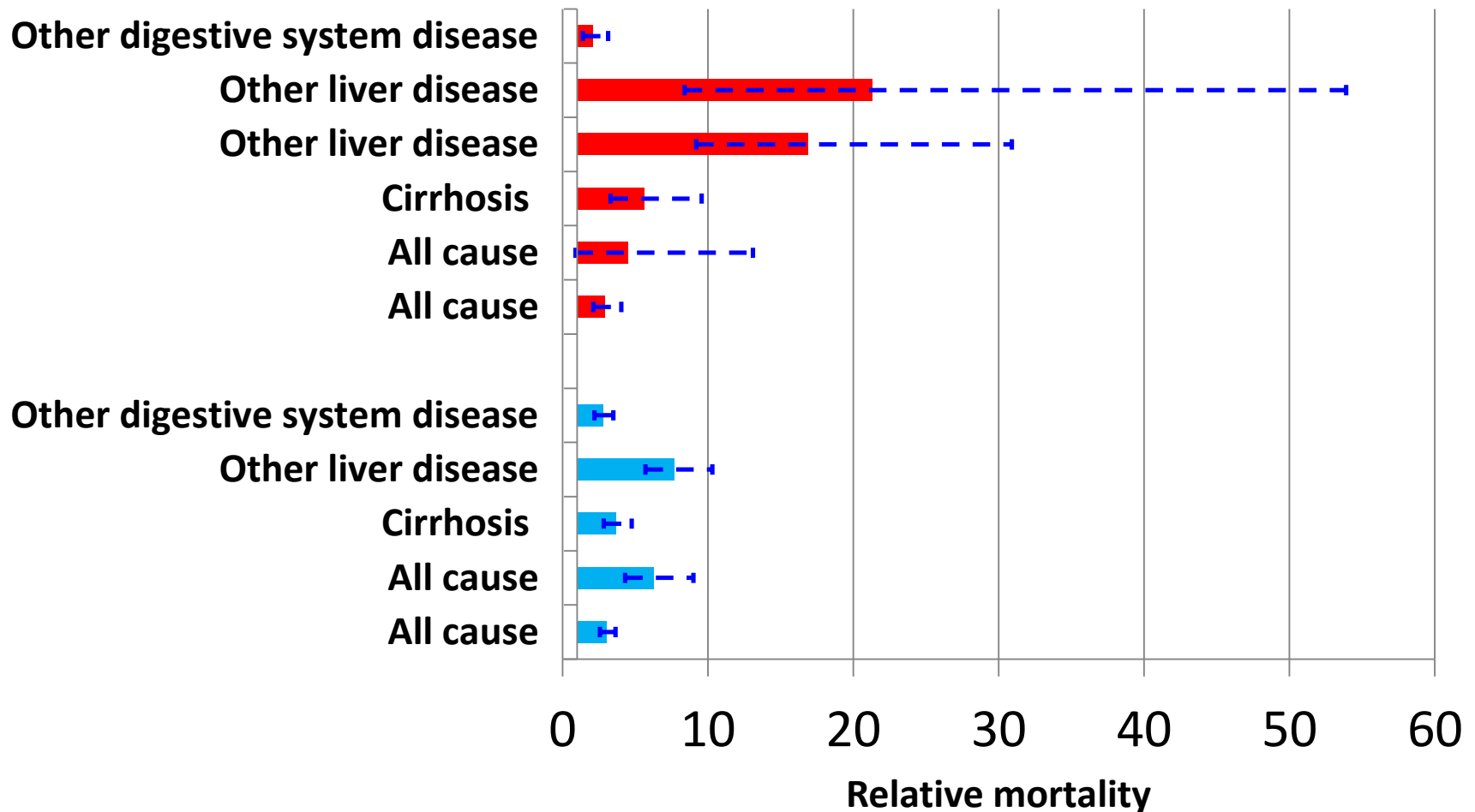
Relative mortality - cardiovascular disease - Homeless women



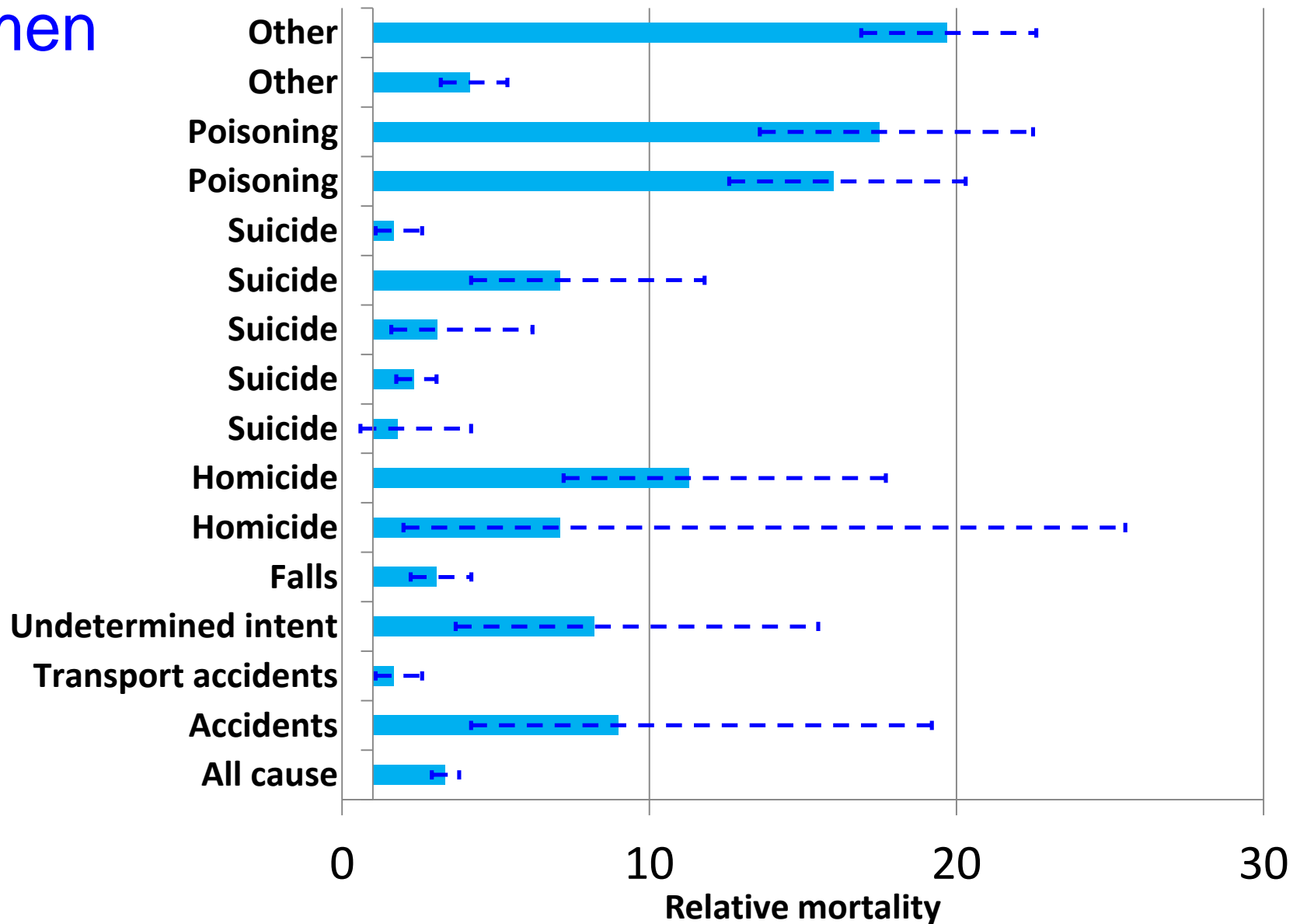
Relative mortality respiratory disease - Homeless men and women



Relative mortality - gastrointestinal disease - Homeless men and women

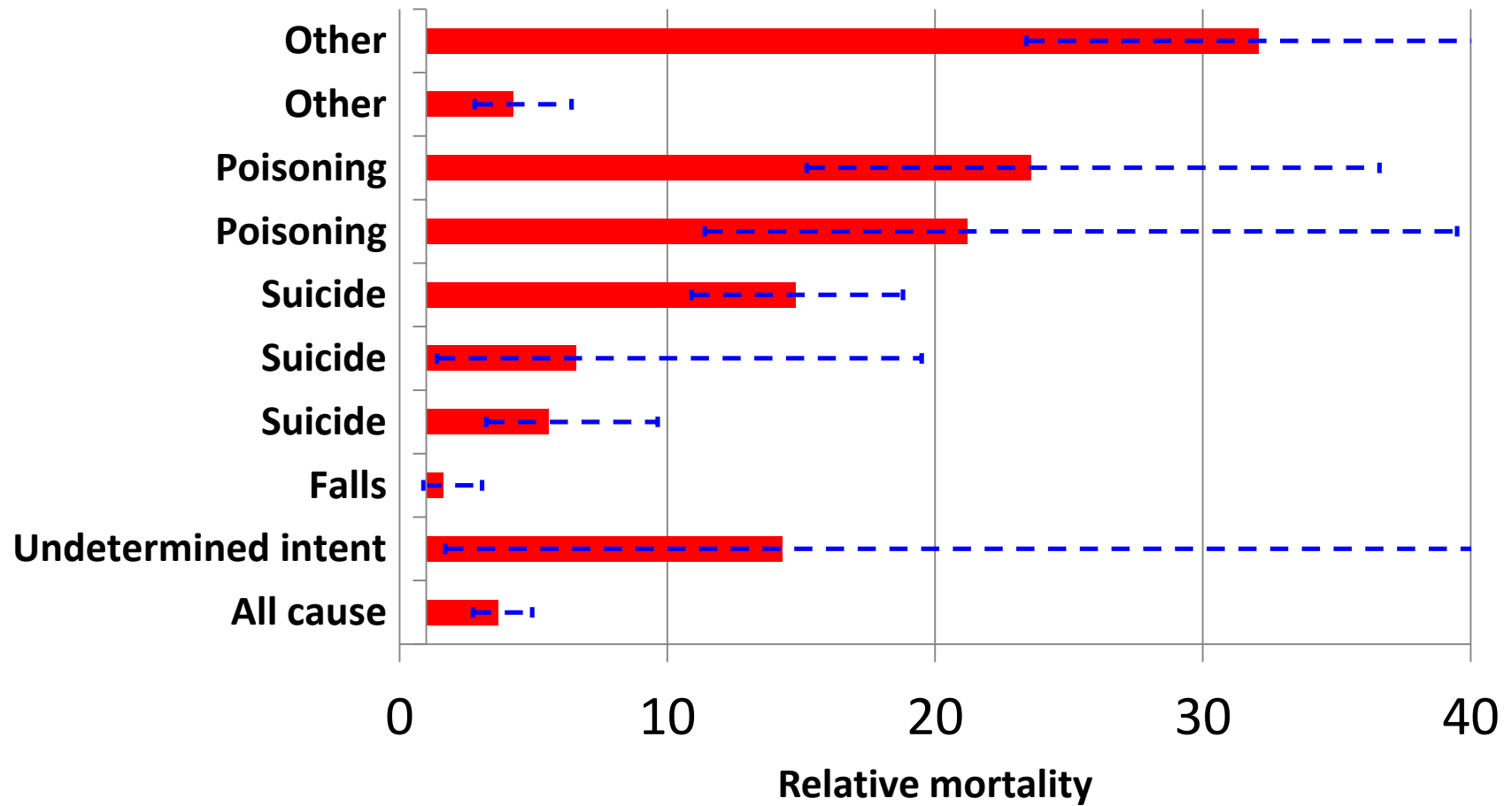


Relative mortality – Ext. causes - Homeless men

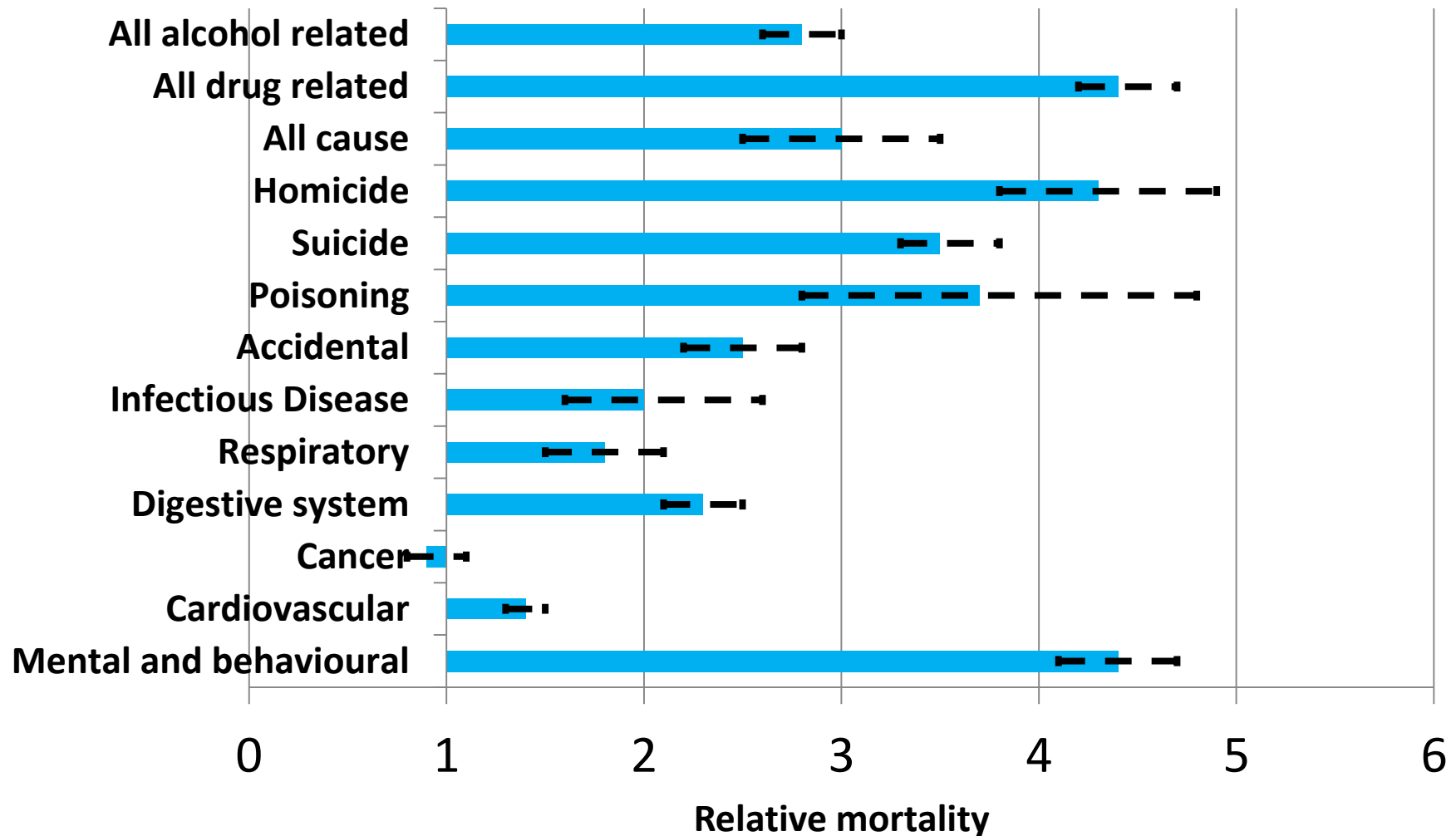


Relative mortality - external causes

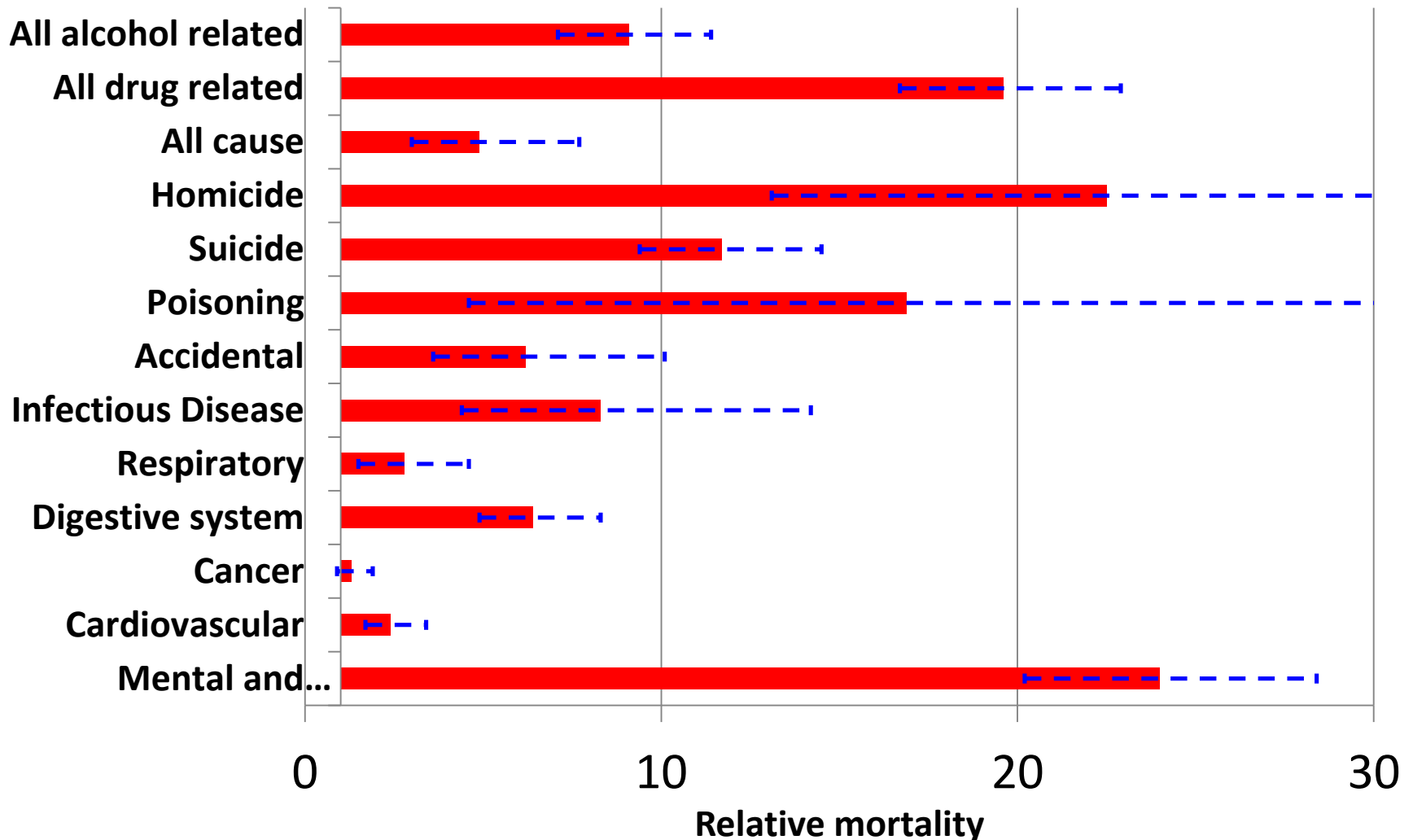
Homeless women



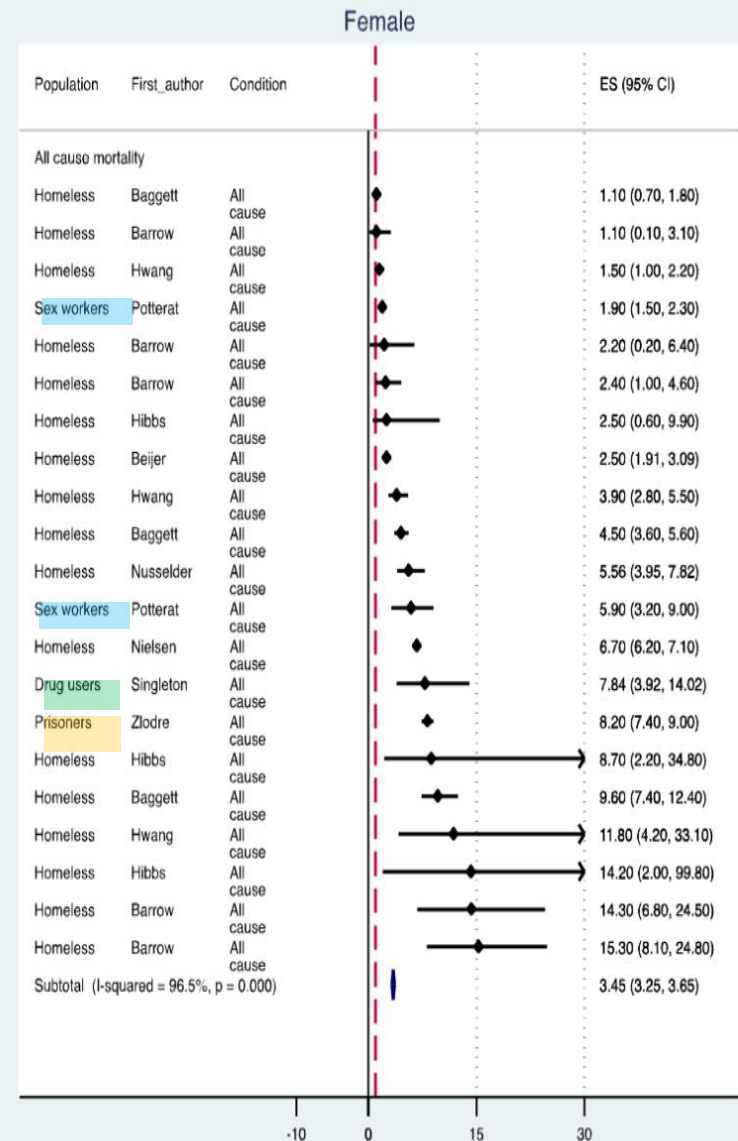
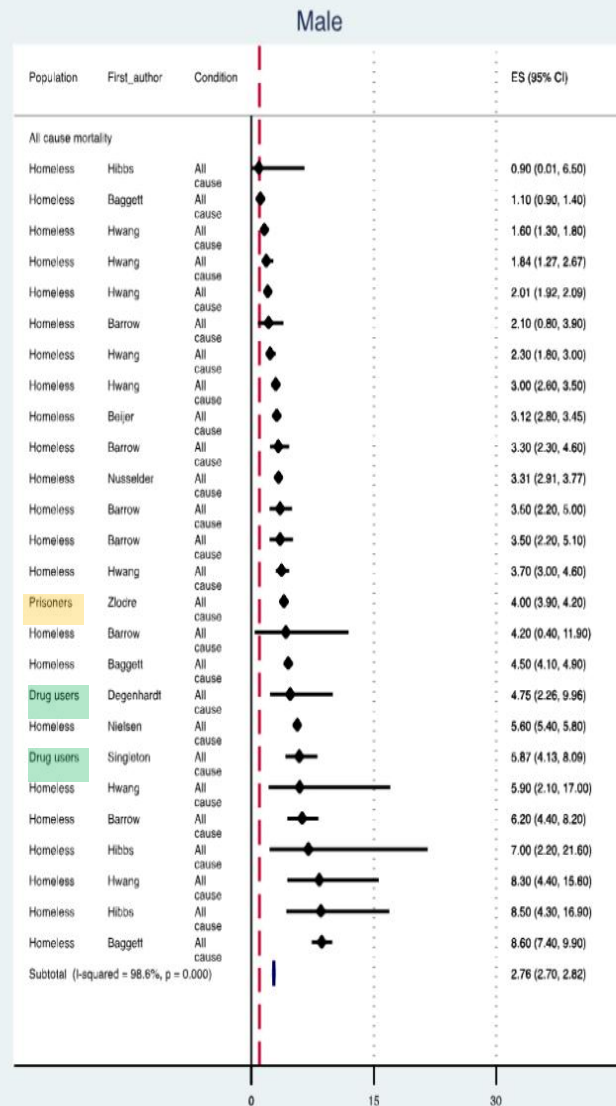
Relative mortality Male prisoners



Relative mortality Female prisoners



Relative mortality – all causes – homeless, drug users, prisoners and sex workers



Note: Studies vary by reporting characteristic (e.g. self-report vs data linkage) and time period (e.g. life-time vs. one year)

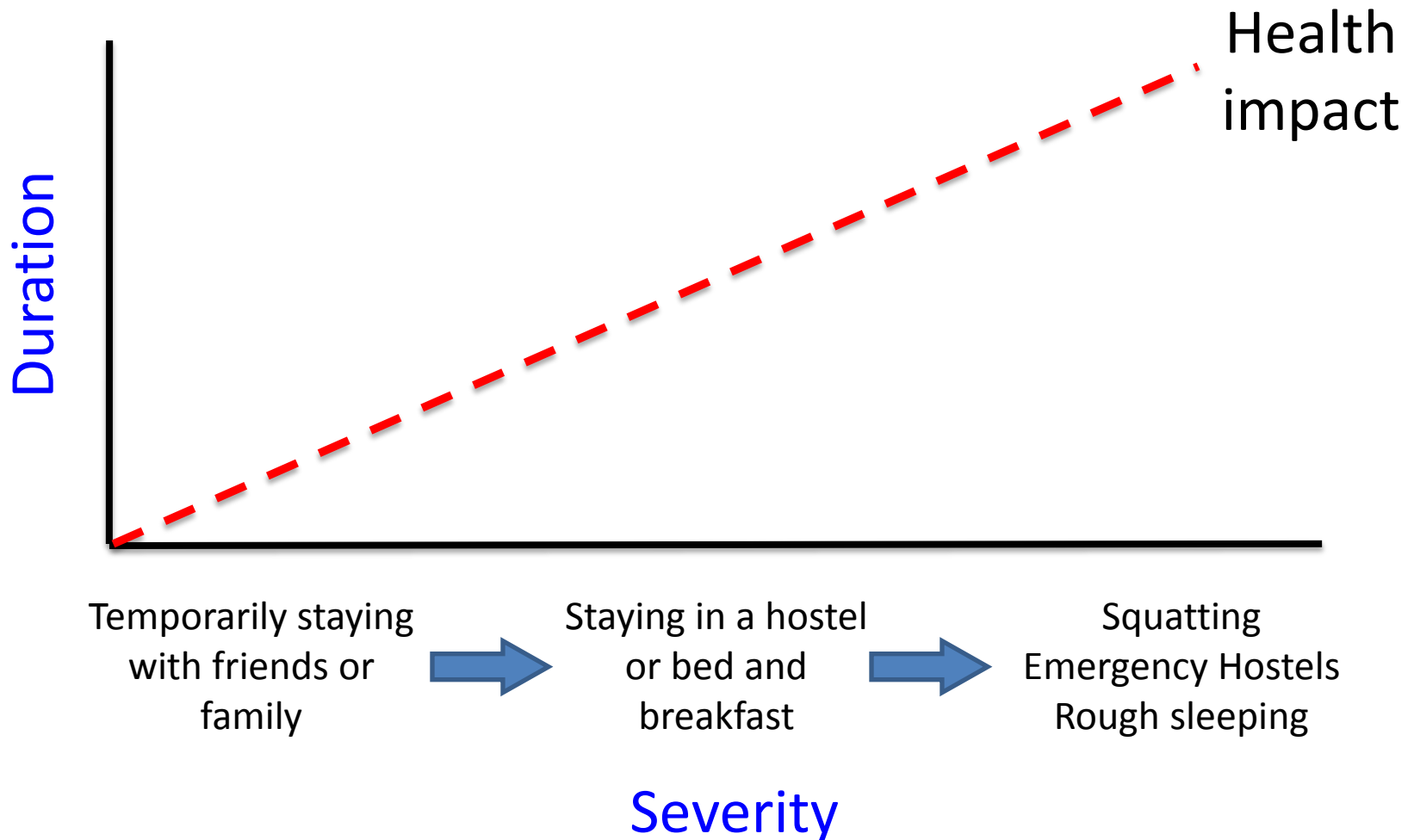
Interpretation

- Magnitude and direction of effect is tragic
- Mortality data ++++ (vital registers – linkage)
- Comparative morbidity data is almost non-existent
- Causality not definitive

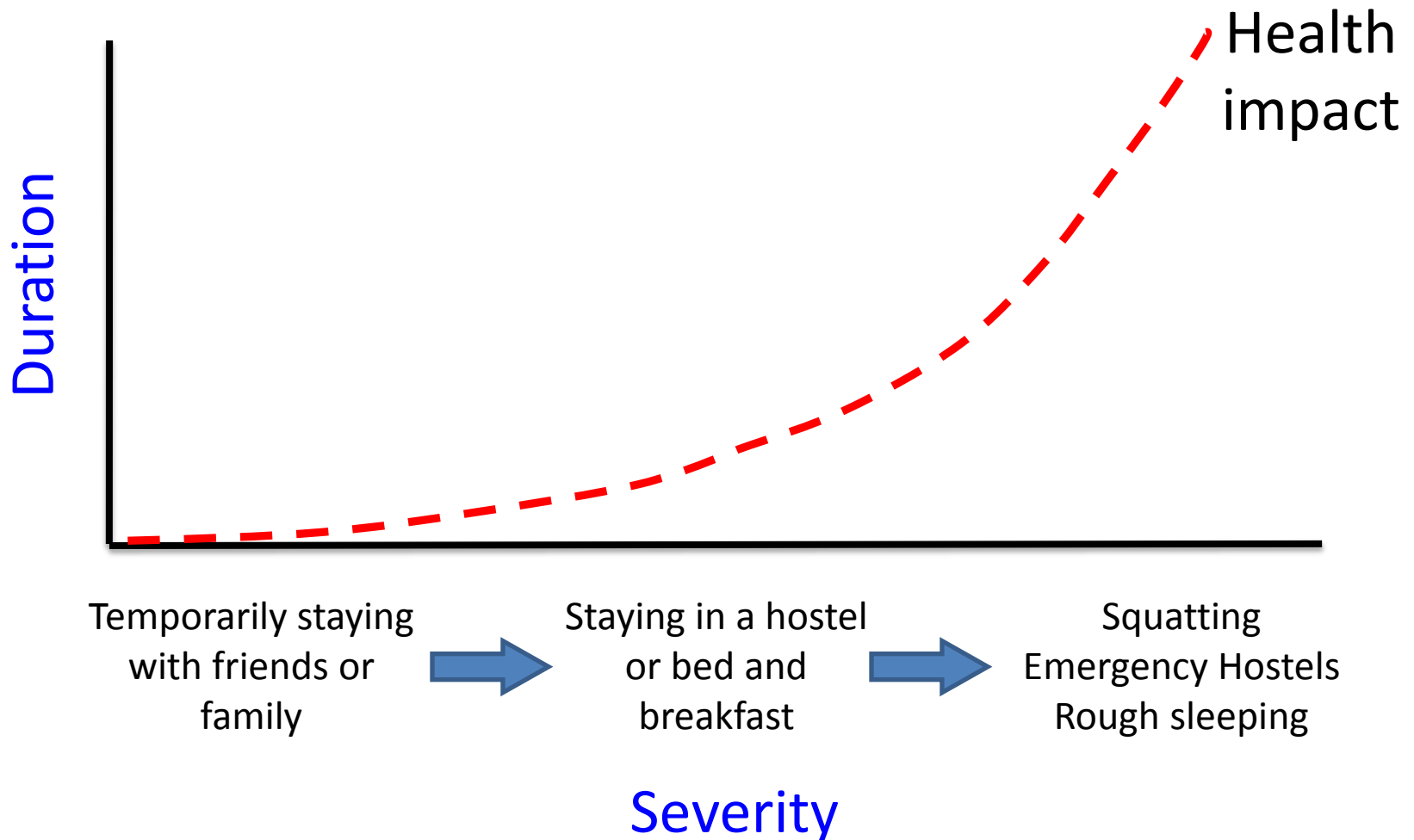
Interpretation

- Exclusion impacts across almost all disease conditions
- Some more than others -
 - mental illness
 - drug misuse
- These same morbidities may pre-date exposure (eg Morrison homelessness)
- BUT some morbidities are 'caused' and almost all exacerbated by exposure

Severity X Duration = Health impact



Severity \times Duration² = Health impact



Unanswered questions

- Impact of
 - Multiple morbidity (the norm!!!!!!)
 - Multiple risks
 - Health service usage
 - Evidence to inform early intervention

Next steps

- Make people visible
- Data linkage - large prospective studies which capture frequency and type of exposure to adverse life events and risks and link to health outcome
- Need systems to capture continuous data to monitor policy impact locally and nationally

Next steps

- The price of failure

Conclusion

- Extreme exclusion causes catastrophic health consequences
- How can we use these data to hold decision makers to account?

Thank you

