

# Equity in Outcomes and Experience

Prof Peter Bradley, Director of Public Health  
Margi Clarke, Head of Public Health Intelligence

27 March 2025



# Contents

- Introduction
- Importance of equity in health
- Measuring equity in outcomes and experience
- Barriers to equitable outcomes and experiences
- Strategies to improve equity
- Questions?

# Introduction

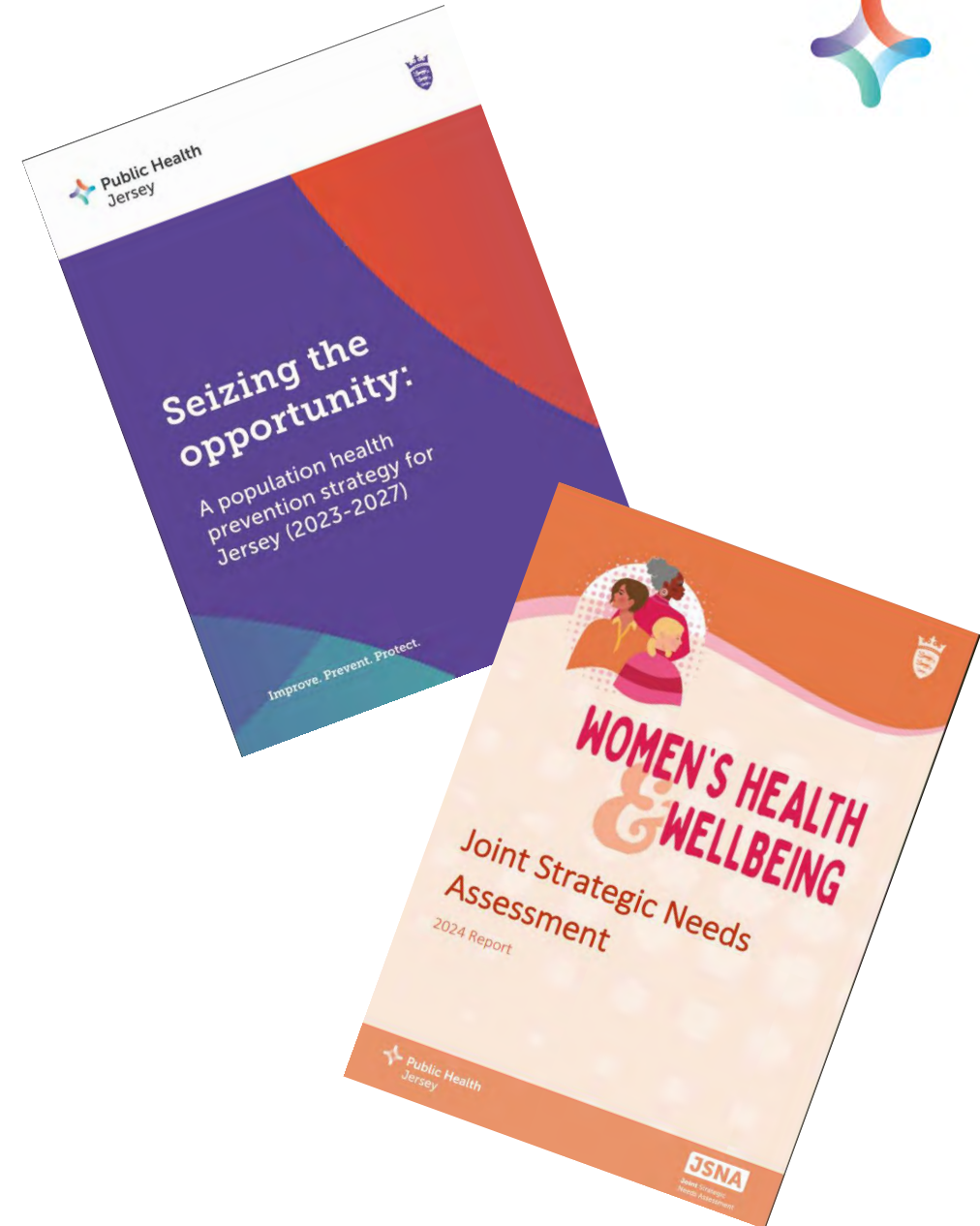


- Equity in health: ensuring **all Islanders** have fair access to health services and opportunities to achieve optimal health, irrespective of socioeconomic status, location, or other factors.
- To ensure equitable health outcomes, we need to **understand the needs** of Islanders.
- Achieving equitable health outcomes should be accompanied by positive healthcare experiences for all Islanders.



# The role of Public Health

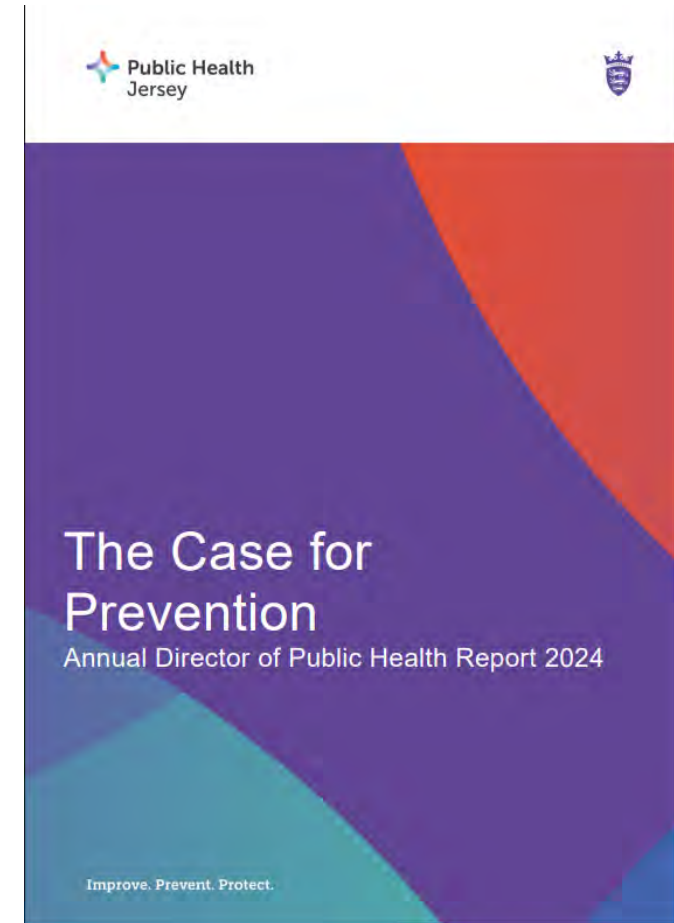
- The role of Public Health in Jersey is to:
  - prevent illness and support Islanders to live longer, healthier lives
  - protect Islanders from infectious diseases and other harms
  - support healthier choices by implementing policies and promoting good health behaviours
- We aim to maintain and improve the health of the whole population by working with other departments and in the private sector through encouraging, influencing, and leading policy and strategy.
- One of our 6 strategic priorities is to understand the health of Islanders – we use **Joint Strategic Needs Assessments** as a tool to achieve this



# The importance of equity in health

# Annual Director of Public Health Report

- Making the case for prevention by:
  - Setting out the current burden of ill health
  - Considering the distribution of ill health
  - Future health of Islanders
  - Financial costs associated with poor health
  - Overview of evidence about prevention and return on investment of interventions



# Social Determinants of Health



*Figure 1: The building blocks of health*



Source: The Health Foundation



# Social determinants of health

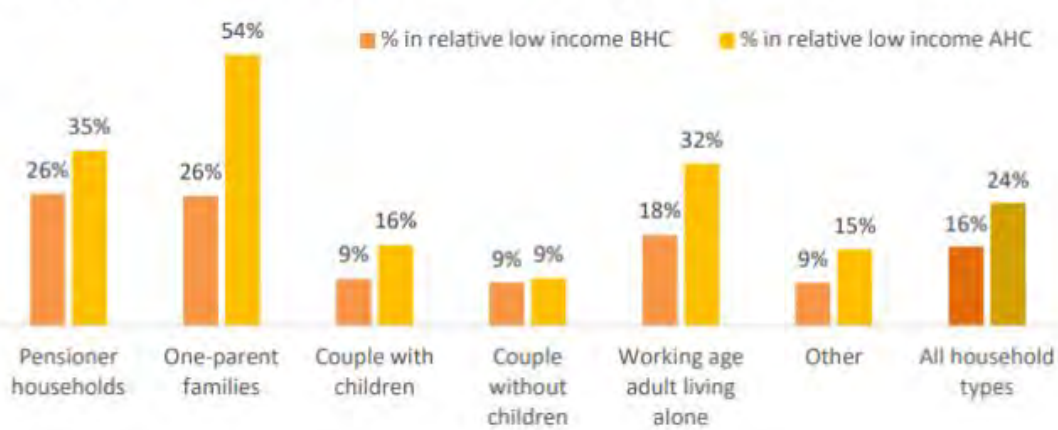


Table 1: Percent and count of individuals in relative low income before and after housing costs, 2021/2022

	Before housing costs		After housing costs	
	%	persons	%	persons
Children	15	2,500	24	4,000
Working-age adults	10	7,000	18	12,200
Pensioners	23	4,200	28	5,200
All individuals	14	14,000	21	21,600

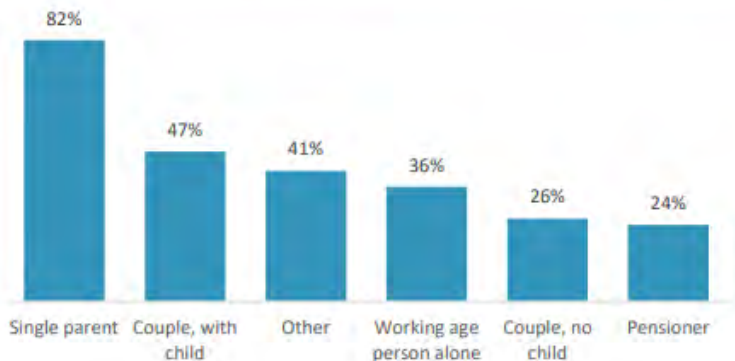
Source: Statistics Jersey, Household income distribution survey 2021/2022<sup>90</sup>

Figure 3: Proportion of each household type in relative low income before and after housing costs, 2021/2022



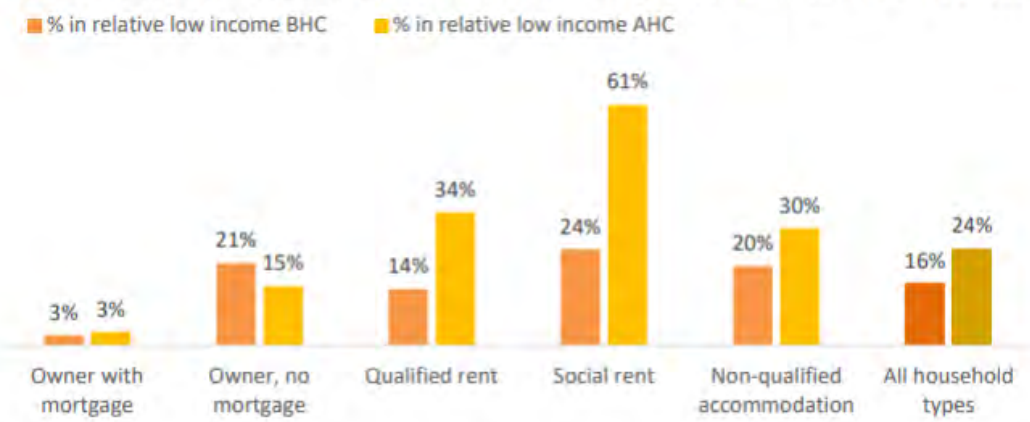
Source: Statistics Jersey, Household income distribution survey 2021/2022<sup>90</sup>

Figure 2: Single parent households were the most likely to find it difficult to cope financially  
Proportion of households that find it difficult to cope financially, by household type



Source: Statistics Jersey, Jersey Opinions and Lifestyle Survey 2024

Figure 4: Proportion of each household tenure in relative low income before and after housing costs, 2021/2022



Source: Statistics Jersey, Household income distribution survey 2021/2022<sup>90</sup>



# Social determinants of health



JOLS 2023 found that overall, a third (35%) of households had gone without at least one essential item because of a shortage of money over the last 12 months, including:

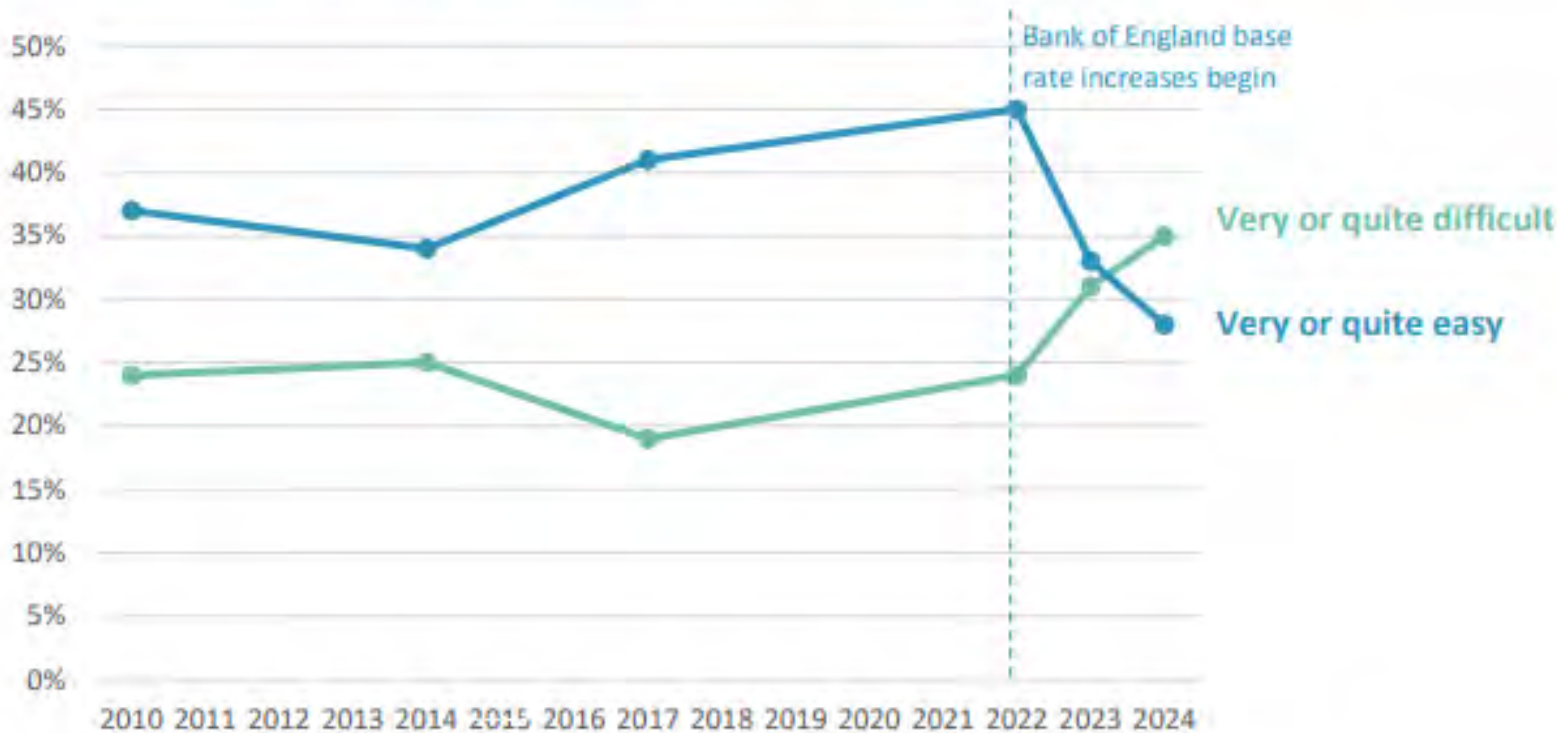
- Almost a quarter (23%) of households going without enough heating to keep their home warm
- 25% going without new clothes for adults
- 20% going without eating meat, chicken or fish every second day
- 14% without new clothes for children
- 13% without a cooked main meal each day

Over half (58%) of adults said that the cost of an **adult dentist appointment** stopped them from attending, whilst 46% reported the cost of other health professional appointments stopped them from attending. A similar proportion, 45% of adults, reported that the cost of an optician would stop them from going in 2023

# Social Determinants of Health



**Figure 5: More households found it difficult than easy to cope financially for the first time since 2010**  
Proportion of households that find it easy or difficult to cope financially over time



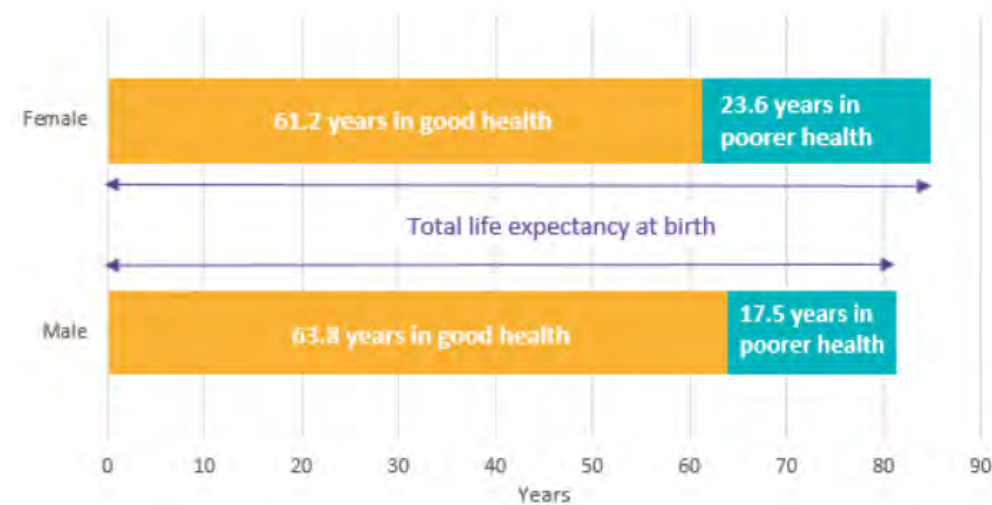
**More households found it difficult (35%) than easy (28%) to cope financially for the first time since at least 2010.**

# Health disparities



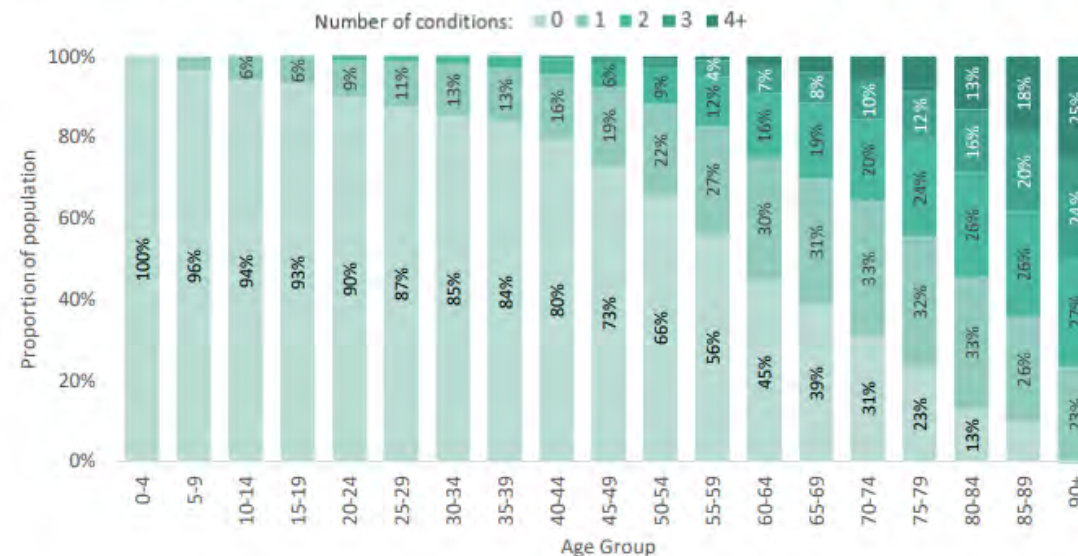
- Women in Jersey tend to live longer than men but they spend a greater proportion of their lifetime in poor health
- Around 33,000 Islanders have at least 1 long-term condition and the older you are the more likely you are to have multiple long-term conditions

**Figure 6: Differences in life expectancy (2021-2023) and healthy life expectancy at birth for males and females (2022/2023)**



Source: Public Health Intelligence Unit

**Figure 7: Number of long-term conditions by age at year end 2024; proportion of population**

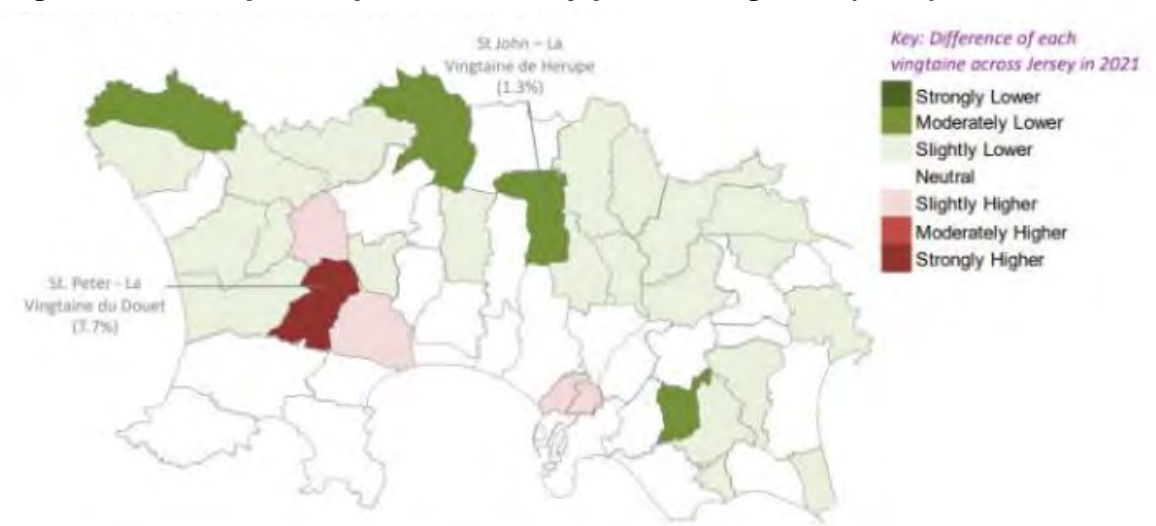


Source: JQIF register

# Health disparities



Figure 8: Self-reported poor health, by parish vingtaine (2021)



Source: Statistics Jersey, Indicators of Deprivation by Parish Vingtaines<sup>33</sup>

Figure 9: Self-assessed general health, by tenure (Census 2021)



Source: Statistics Jersey, Census 2021

Figure 10: Proportion of population with longstanding physical or mental health conditions or illnesses, by tenure (Census 2021)

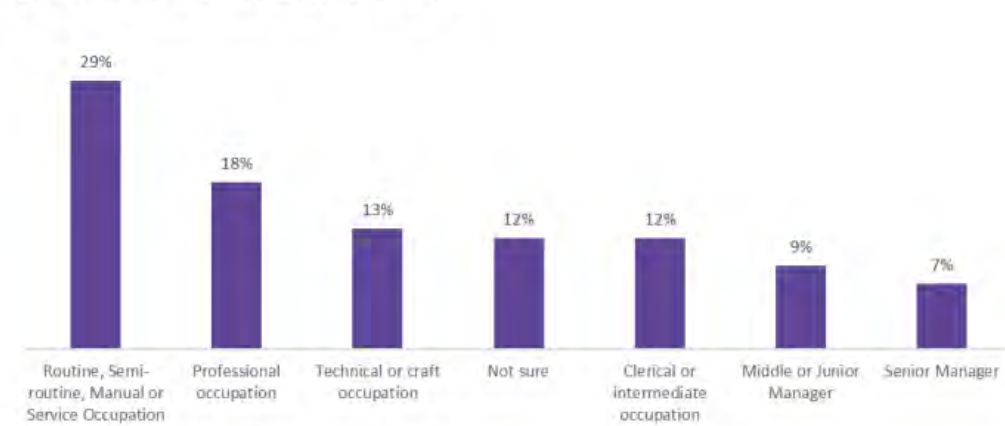


Source: Statistics Jersey, Census 2021

# Health disparities



**Figure 11: Prevalence of smoking, by profession (2021)**



Source: Public Health Intelligence, Smoking Profile 2021<sup>17</sup>

**Figure 13: BMI classifications by parish type, based on parish of child, three-year average (2021-2023)**



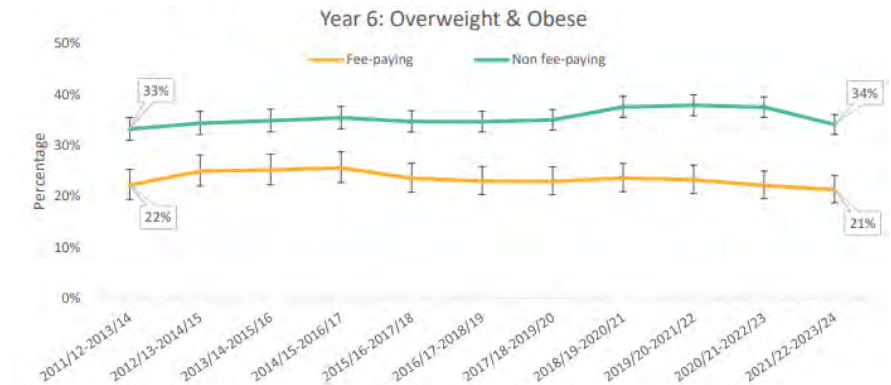
Source: Public Health Intelligence, Jersey Child Measurement Programme 2023/2024<sup>18</sup>

**Figure 12: Proportion of adults who meet the recommended weekly time of physical activity, by household income (2023)**



Source: Statistics Jersey, Jersey Opinions and Lifestyle Survey 2023<sup>19</sup>

**Figure 14: Proportion of children in Reception who were overweight or obese, by school type, academic year, three-year average (2007/08-2023/24)**



Source: Public Health Intelligence, Jersey Child Measurement Programme 2023/2024<sup>18</sup>

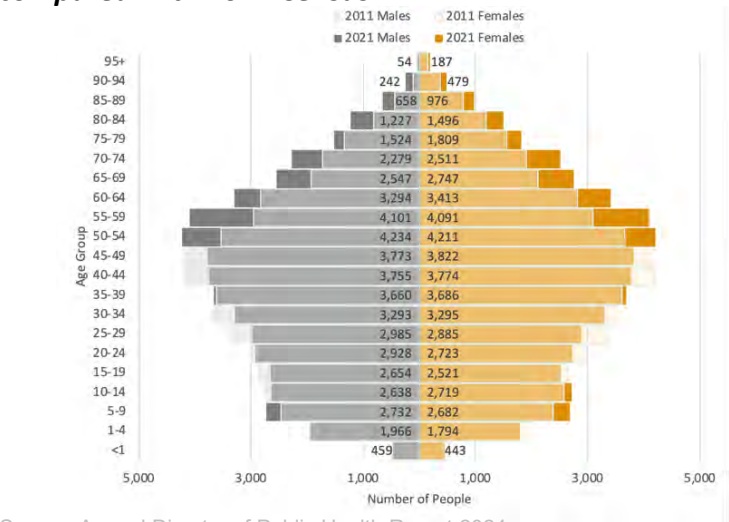


# Future health

Jersey's population is set to age in coming decades. This will increase demand for healthcare and social support. In addition, our existing population appears to be becoming less healthy, as evidenced by rising rates of obesity and a stalling in improvements in life expectancy.

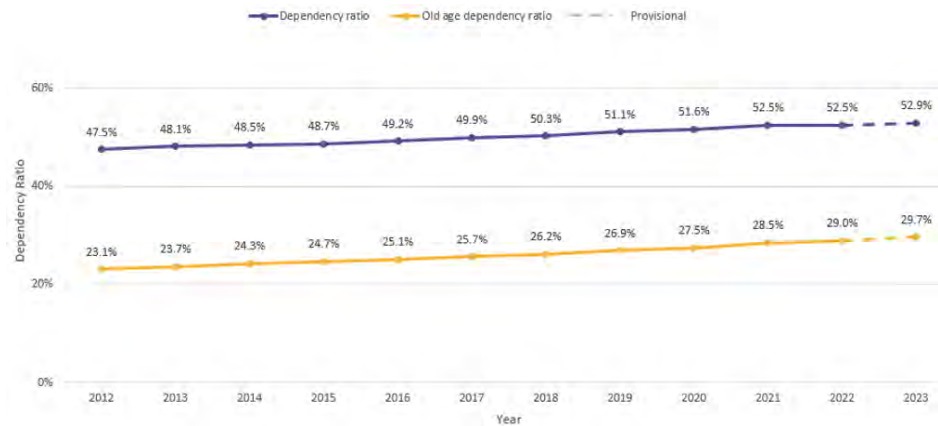


Figure 15: Jersey's population pyramid (2011 Census compared with 2021 Census)



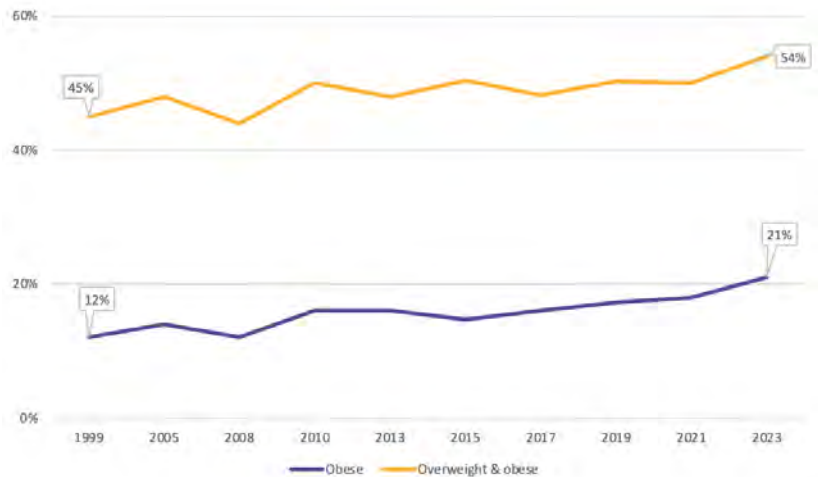
Source: Annual Director of Public Health Report 2024

Figure 17: Dependency ratio over time (2012 to 2023)



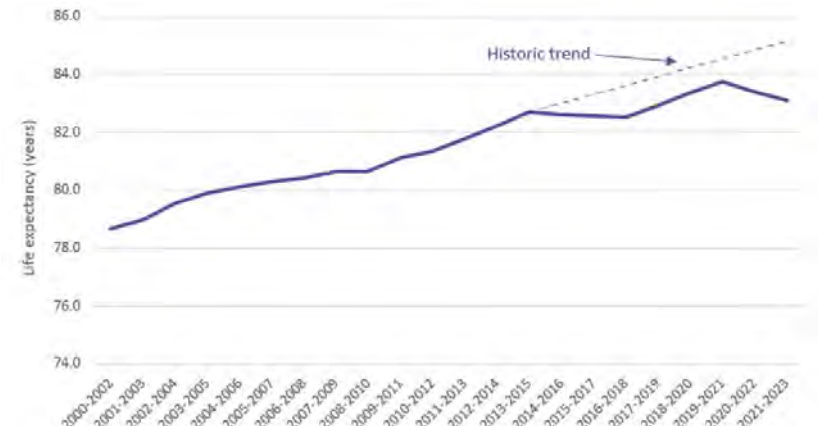
Source: Annual Director of Public Health Report 2024

Figure 16: Self-reported adult obesity over time (1999 to 2023)



Source: Annual Director of Public Health Report 2024

Figure 18: Life expectancy over time (2000-2002 to 2021-2023)

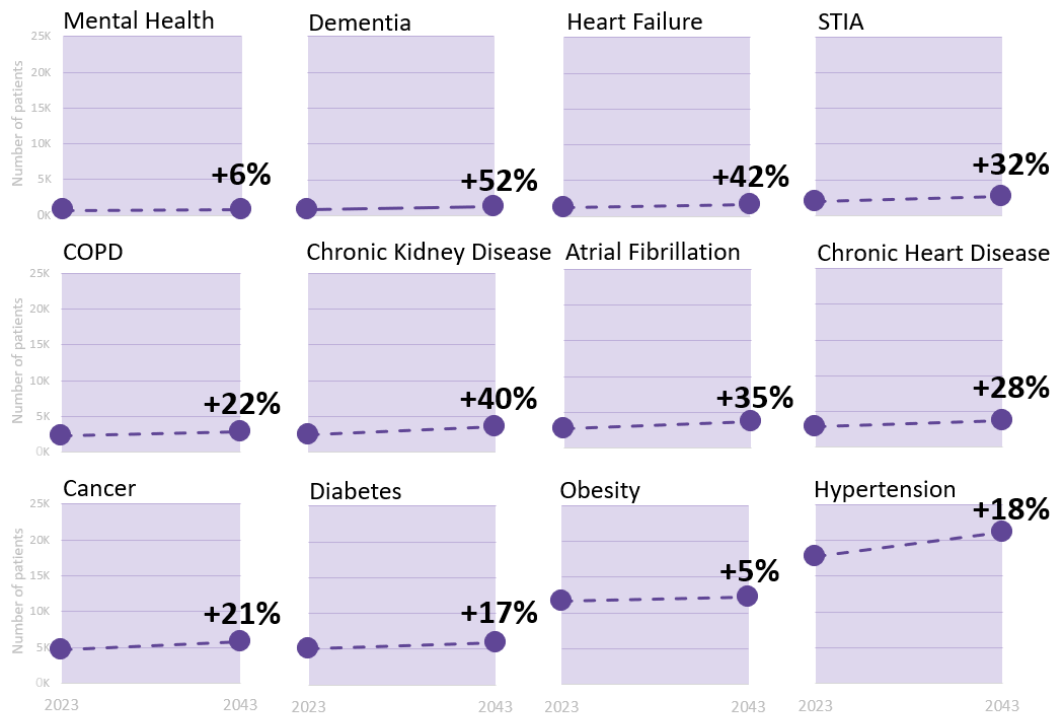


Source: Annual Director of Public Health Report 2024



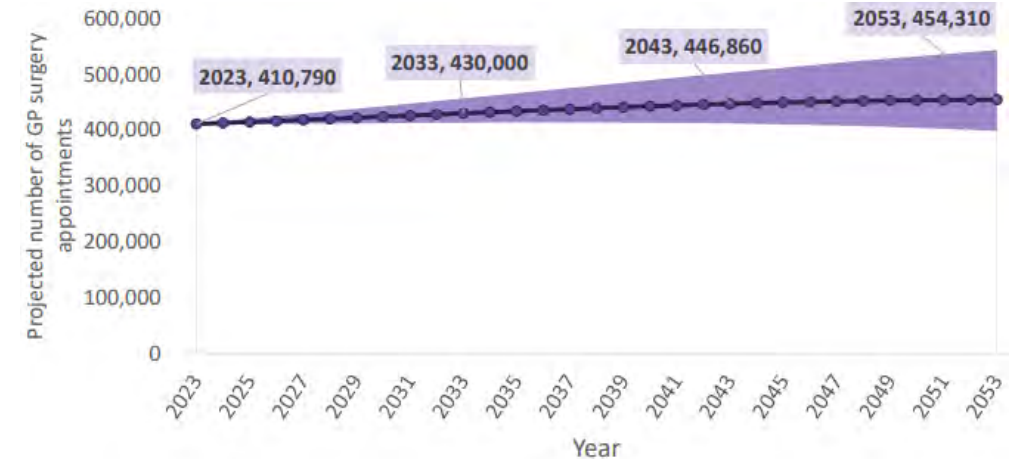
# Disease projections

**Figure 19: Projected rise in long-term illness**



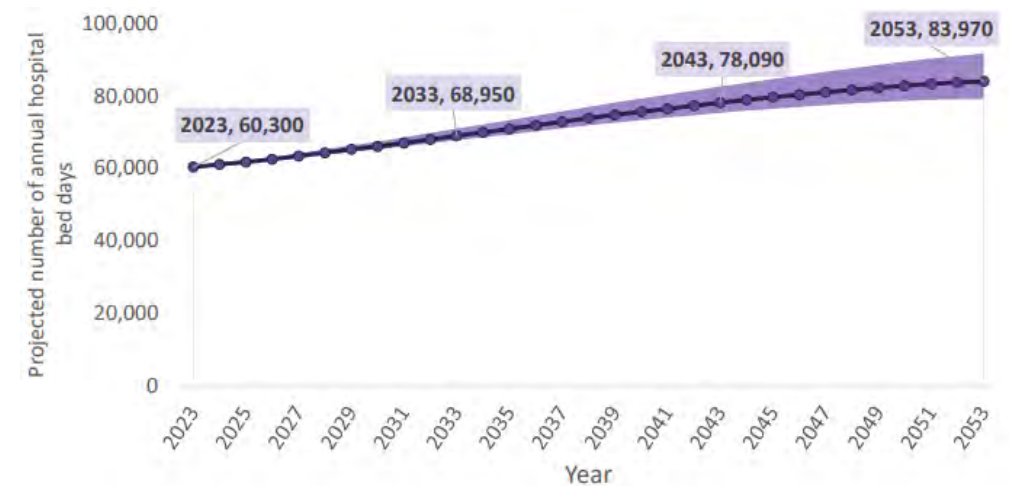
Source: Annual Director of Public Health Report 2024

**Figure 20: Projected increase in GP appointments**



Source: Annual Director of Public Health Report 2024

**Figure 21: Projected increase in hospital bed days**



Source: Annual Director of Public Health Report 2024

# Cost of (preventable) illness



The estimated minimum cost of ill-health to the economy in 2023 is in the region of **£576 million**. This includes:

- £165.5 million spent on health-related benefits
- £410.9 million healthcare costs (excluding public health services, R&D health and health not elsewhere classified in the government spending figures).

# Where are we headed and what can we prevent?



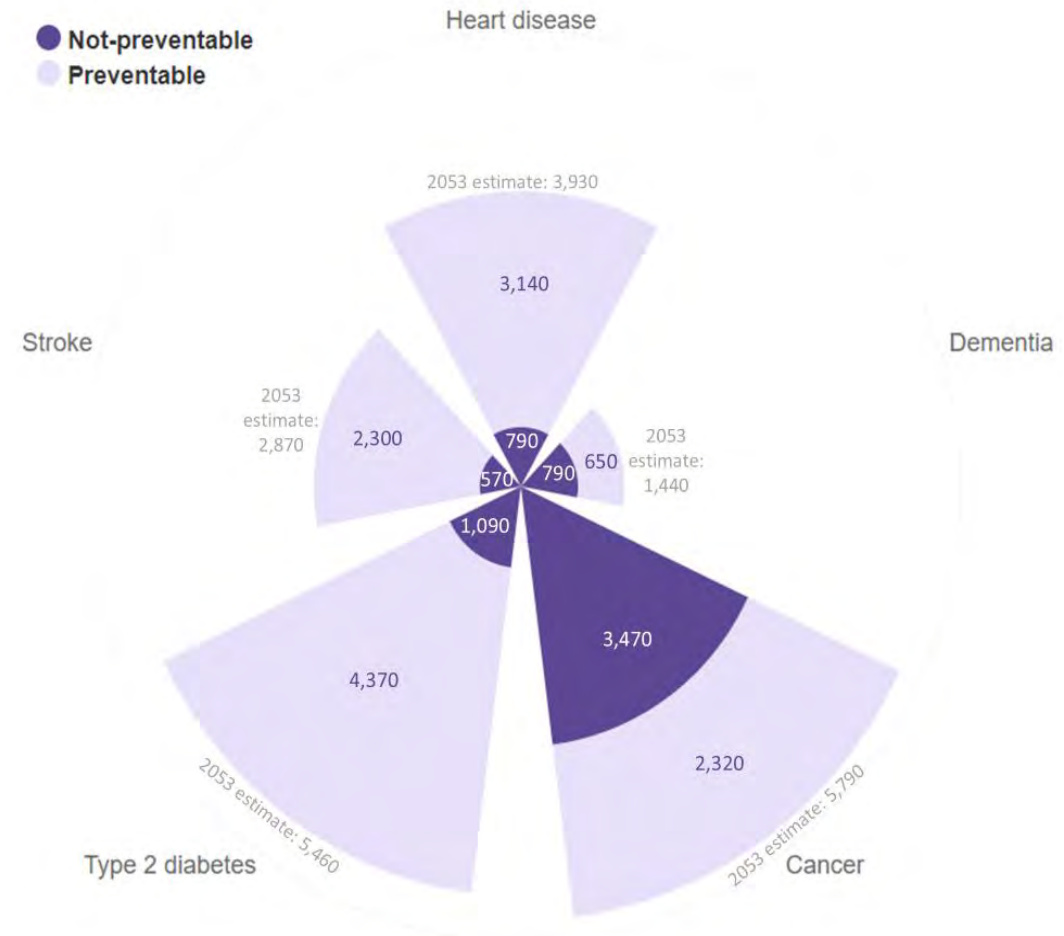
For these **5 major health conditions** new cases are **preventable** for

- 80% heart disease, stroke and type 2 diabetes
- 40% cancer
- 45% dementia

Therefore, disease registers in 30 years time could be **considerably reduced** if these new cases were prevented from occurring.

2053 disease projections based on central migration estimate (+325 net migration) and assumes current age-specific disease prevalence rates continue

**Figure 22: 2053 disease projections showing potential number of new cases which could be prevented**



Source: Annual Director of Public Health Report 2024



# Marginalised groups

- Single parents (Women's health JSNA)
- Those with long-term conditions (Multi-morbidity report)
- Homeless or at risk of experiencing homelessness (Homelessness in Jersey report)
- Those with less than 5 year's residency (Qual data to be published)
- Non-English speakers (Qual data to be published)

# Measuring equity in outcomes and experience

# Data availability



[Home](#) > [Health and wellbeing](#) > [Public Health](#)

## Public Health Intelligence publication release schedule

On this page:

- [2025 release schedule](#)
- [Routine epidemiological data](#)
- [Other releases](#)
- [Use our data explorer](#)

### 2025 release schedule

Date	Report
30 January 2025	Women's Health and Wellbeing JSNA Findings
6 February 2025	Multi-morbidity Report 2024
10 April 2025	Alcohol Profile 2024
17 April 2025	Births and Breastfeeding Profile 2024
24 April 2025	Mental Health Profile 2024
19 June 2025	Abortions Report 2024
10 July 2025	Jersey Child Measurement Programme Report 2024 to 2025
4 September 2025	Influenza and Winter Illness Report 2024
18 September 2025	Mortality Report 2024
16 October 2025	Immunisations Report 2024
23 October 2025	Life Expectancy, and Healthy Life Expectancy 2022 to 2024
20 November 2025	Sexual Health Profile 2024
December 2025	Health Profile 2024

### Routine epidemiological data

The schedule of releases for routine epidemiological data reporting is shown below.

#### Contact

Public Health Intelligence

T 01534 445792

E [jsna@gov.je](mailto:jsna@gov.je)

Monday to Friday 9am to 5pm

Union Street

St Helier

Jersey

JE2 3DN

[Connect to SignVideo](#)

#### In this section

[About Public Health](#)

[Cancer and diabetes screening programmes](#)

[COVID-19 Post-Emergency Strategy](#)

[Health statistics](#)

[Illnesses and medical conditions](#)

[Joint Strategic Needs Assessment \(JSNA\)](#)

[Nutrition and exercise](#)

[Public Health reports](#)

[Unlicensed Cannabis Based Medicinal Products \(CBPMs\)](#)

[Vaccines and immunisations](#)

[Vaping: risks, guidance and how to quit](#)









# Gaps in measurement

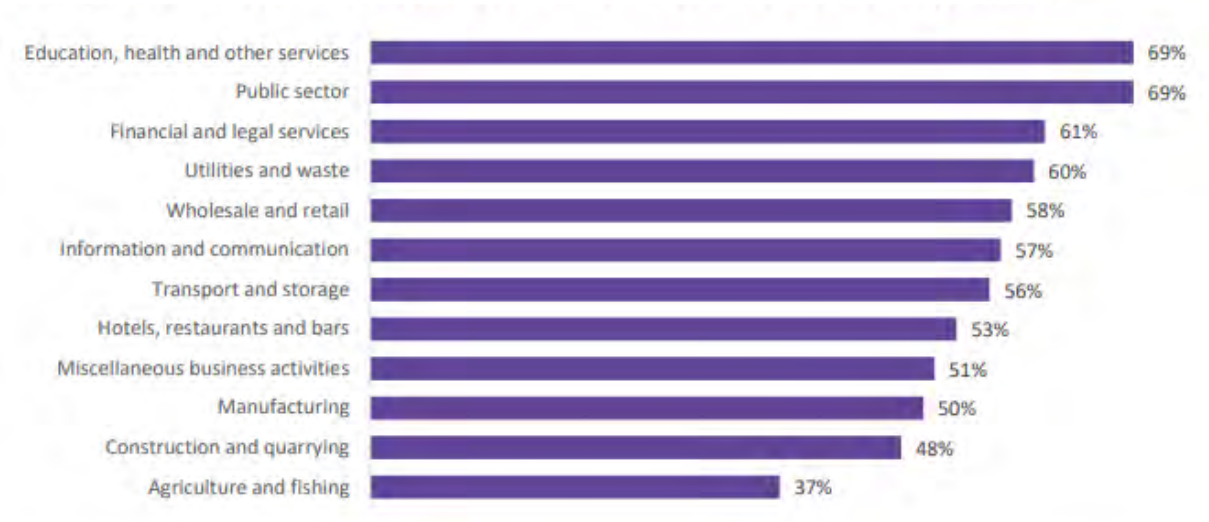
- Disparate datasets, poor data quality and legal basis for sharing hamper efforts to measure/monitor inequities
  - E.g. lack of routine recording of ethnicity in health systems, off-the shelf systems (white European) not adapted to Jersey populations
- No Index of Multiple Deprivation (yet)
- JSNA workstream in infancy

# Central Admin Database



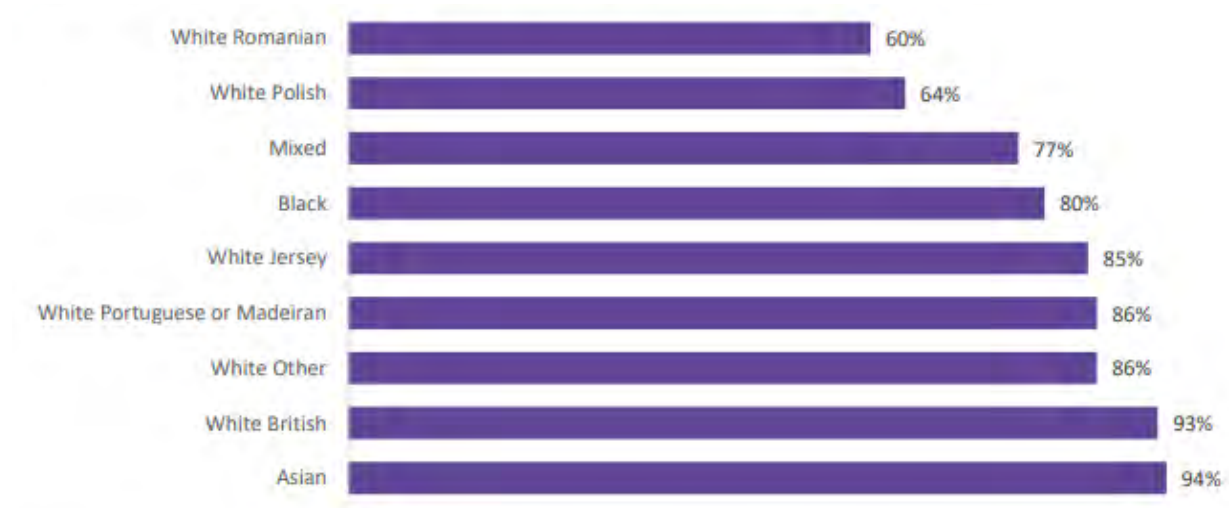
Linking data from different administrative data systems, or against data from the 2021 census can provide valuable insights into the health outcomes of Islanders

**Figure 23: Proportion of persons (aged 21 and over) that tested positive on a PCR test, by industry**



Source: Statistics Jersey, report: Insights from Jersey data on COVID-19 vaccinations and positive PCR tests<sup>26</sup>

**Figure 24: Proportions of persons (aged 12 and over) double vaccinated, by ethnicity**



Source: Statistics Jersey, report: Insights from Jersey data on COVID-19 vaccinations and positive PCR tests<sup>26</sup>

# Deprivation Index



- As part of the **COVID Social Recovery Fund – Insights Project**, money was allocated for a feasibility study for an Index of Multiple Deprivation for Jersey – being finalised
- Jersey has relied on census-based indexes of deprivation (Carstairs & Townsend methods) to understand how deprivation differs across the Island
- Statistics Jersey published *Indicators of Deprivation Report 2011-2021* using census-based indicators at the vingtaine level which includes other census indicators (such as children under 5) not in Carstairs or Townsend methodologies

Summary	2
Introduction	3
Combined Index of Deprivation (including pensioners indicator)	5
Combined Index of Deprivation (excluding pensioners indicator)	6
Overcrowding	7
Unemployment	8
No Car	9
Routine and Manual Occupations	10
Non Owner-Occupied Households	11
No Educational Qualifications	12
Pensioners	13
Children Under Five	14
Single Parent Households	15
Self-Reported Health Status	16
Notes	17
Contacts	17
Methodology	18
Appendix Tables	19

Indicators that contributed to St. Helier vingtainnes being more likely deprived in 2021



Routine and Manual Occupations



Overcrowding



Children Under 5



Non-Owner Occupied Households



No Educational Qualifications



No Car

# Barriers to equitable outcomes and experiences

# Barriers to equitable health



**Table 2: Average weekly household spending on health by equivalised income quintile, £ per week**

Equivalised income quintile group	Lowest	Second	Middle	Fourth	Highest	All
Health	24.50	29.40	30.90	32.70	47.00	32.80
Pharmacy & other medical products	7.50	9.00	8.70	8.80	13.20	9.40
Doctors	5.40	7.10	5.40	7.00	7.10	6.40
Dentists	8.80	9.60	11.70	11.60	17.20	11.80
Opticians	0.70	0.70	0.60	0.70	1.20	0.80
Other medical related services (inc. hospital)	2.00	3.00	4.40	4.60	8.20	4.40
<b>Total expenditure</b>	<b>464.70</b>	<b>643.30</b>	<b>775.90</b>	<b>1,003.00</b>	<b>1,640.50</b>	<b>900.80</b>
<b>Percentage of average weekly household spend spent on Health</b>	<b>5</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>3</b>	<b>4</b>

Source: Statistics Jersey: Household spending 2021/2022

**“When you work two jobs to meet basic needs, it’s a real struggle to find the additional money needed for healthcare”**  
(Survey, Female, 55-64yrs)

**“Being a single parent having to work more than one job to make ends meet (just), very challenging to dedicate time to physical health.”** (Survey, Female, 45-54yrs)

**“... working long hours, often at lower wages, bearing the brunt of expensive childcare and rising costs of living ... This overwhelming pressure impact’s [women’s] ability to eat well, exercise, sleep, or look after their mental health”** (Professional stakeholder, GP)

- Spending on health by lower-income households is lower, but makes up a greater proportion of their outgoings





# Known barriers

- Eligibility for health care services based on time spent on-Island
- Non-English speakers
- Health literacy (knowing which services are available and when to go)
- Childcare, working hours and separate healthcare providers

**“Patients face the burden of navigating the healthcare system and advocating for themselves, often without the necessary continuity of care” (Professional Stakeholder Interview Response)**

**“Lack of options for fertility aids locally (IVF). Lack of funding for fertility aid is a huge negative! People are using their life savings, selling their homes and taking big loans to pay for this” (Survey, Female, 25-34yrs).**

# Other barriers – societal attitudes



Figure 25: Proportion of adults who agree or strongly agree with statements about gender, by sex



Source: Jersey Opinions & Lifestyle Survey Report 2023

These statistics show that men perceive women to experience less discrimination and career progression barriers in the workplace than are reported by women themselves. This is a crucial issue to address – with men occupying more senior positions and receiving more pay than women on average, ensuring that men understand the lengths at which women experience inequality is essential to addressing it.

**"Unchecked and ongoing misogyny and sexism within structures such as education, health and criminal justice. Outdated laws that favour males financially. Discrepancies in pay within employment. All of these inequalities place an additional stress burden on women and girls, navigating systems that are less accessible to them."** (Professional Stakeholder)

**"Misogyny is an ongoing problem and erodes mental health and wellbeing. It is present in every aspect of Jersey society - government, education, sport, health."** (Survey, Female, 65-74yrs)

**"Mental health issues are a silent killer for a lot of people, and it's still frowned upon to admit you have problems."** (Survey, Female, 55-64yrs)

**"Address medical misogyny in all levels of the health services."** (Survey, Female, 35-44yrs)

# Strategies to improve equity

# Strategies to improve equity



Many of the objectives of the Public Health Strategy ([Seizing the Opportunity: Population Health Prevention Strategy for Jersey 2023-2027](#)) aim to support all Islanders to live a healthy life

## *Population health strategic priorities 2023-2027*



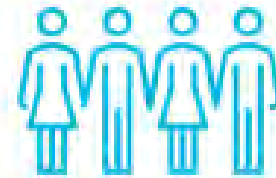
Understand



Protect



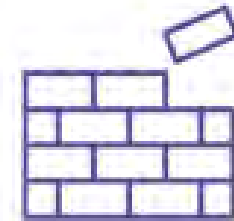
Improve



Work together



Innovate



Sustain



# In addition

- Key strategies e.g. substance use, food, smoking
- Proposals for prevention services
- Women's Health Political Advisory Group work on JSNA findings
- Needs Assessments – work on Mental Health JSNA starting
- Work on updating the Public Health law
- Cross-Island work (Channel Island Public Health Alliance)

# Questions?





# Sources



Reports and publications from the Public Health department

- [Public Health reports](#)

Detailed breakdown of the data used in the presentation is provided below:

- [Director of Public Health Annual Report 2024](#)
- [Women's health and wellbeing \(JSNA\)](#)
- [Jersey Opinions and Lifestyle Survey \(JOLS\)](#)
- [Disease Projection Report 2023 to 2053](#)
- [Census 2021 Indicators of Deprivation Report](#)
- [Census 2021 Results and Data](#)