



INTERNATIONAL HYBRID CONFERENCE
**The 17th Postgraduate Forum on
 Health Systems and Policies:**

Social Determinants of Health Inequity

Dedicated & Excellent Medical School for Mankind

M = Mankind

E = Excellent

D = Dedication

P = Professional

S = Social Responsibility

U = Unity

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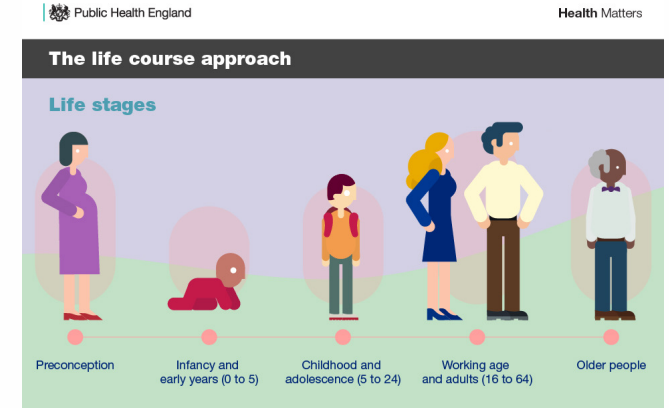
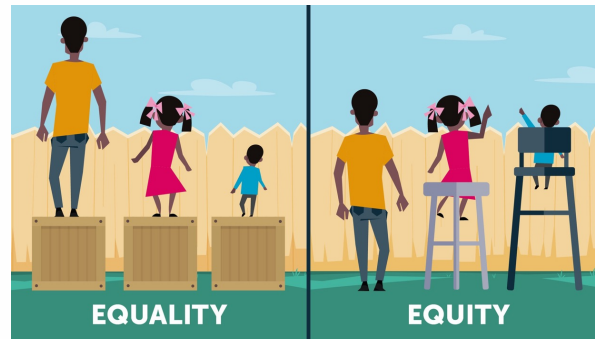


What are the social determinants?

- The way people are born live and work influencing socioeconomic status, education, employment, social environment, and political environment
- Closely linked with biology, behavior, and access to health care, and hinder the opportunity to be healthy



- World Health Organization (WHO) recommends interventions promote social protection over the life course.
- To date, many health researches emphasize that social determinants of health contribute to poor health and health inequities.



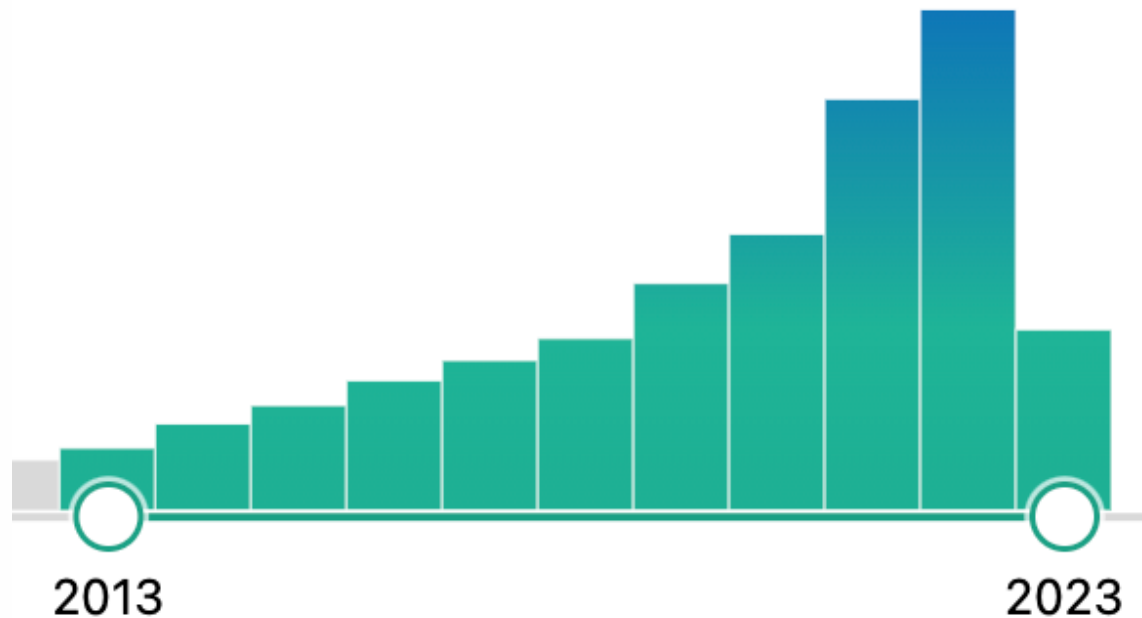
Source: https://brightsg.com/blog/dei-what-is-it-and-why-should-you-care?__hstc=164535072.4b44870ec4a577029c49e44b73bd3bee.1686787200143.1686787200144.1686787200145.1&__hssc=164535072.1.1686787200146&__hsfp=3513966422

- However, a review of the post-COVID research needs and prioritization to overcome health inequity and address social determinants has not been made.
- A review aiming to assess the publications regarding the research focusing health inequity and social determinants.

- PubMed search published between 2013 to 2023 on April 15, 2023 with the key terms “social determinants of health” AND “health equity”

social Determinants of Health: "social determinants of health"[MeSH Terms] OR ("social"[All Fields] AND "determinants"[All Fields] AND "health"[All Fields]) OR "social determinants of health"[All Fields]

health equity: "health equity"[MeSH Terms] OR ("health"[All Fields] AND "equity"[All Fields]) OR "health equity"[All Fields]



- 3342 results found, with annual total numbers ranging from 88 in 2013 to 828 in 2022. There were 288 results published in the first quarter of 2023.

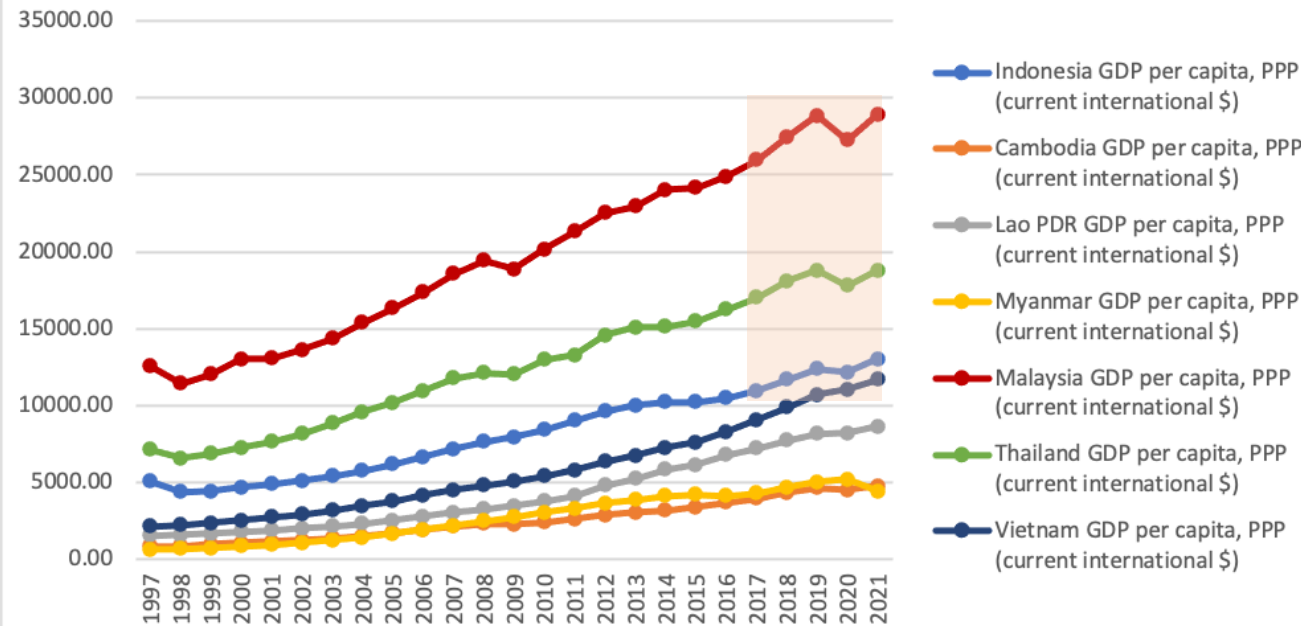
PubMed search published between 2013 to 2023 on April 15, 2023 with the key terms “social determinants of health” AND “health equity”

- Adding search term “research prioritization”
- **Before 2020** → 120 results on maternal and newborn health, universal health coverage in primary care, mental health, and action to lowering inequity gaps
- **COVID-19 pandemic in 2020** → there was a higher level of interest in health equity and social determinants of health, attributable to COVID-19 responses required.

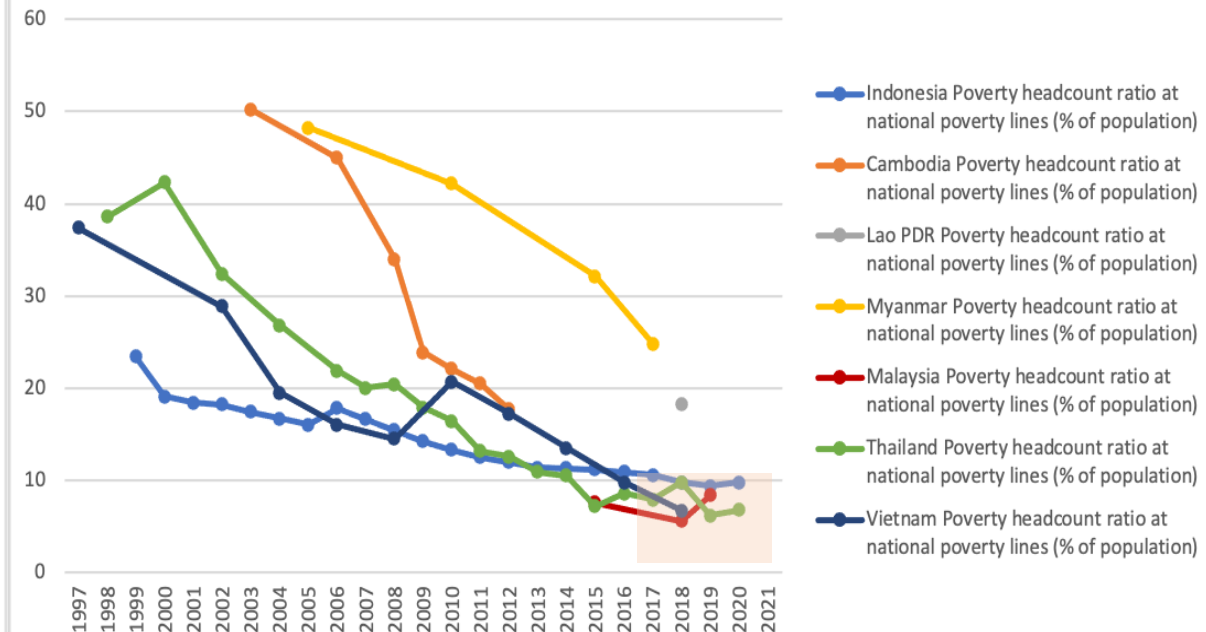
PubMed search published between 2013 to 2023 on April 15, 2023 with the key terms “social determinants of health” AND “health equity” AND “research prioritization”

- ***Post-COVID period*** → topics related to social determinants and health equity vary
 - disease-specific conditions
 - strength of the health system
 - vulnerable populations & minorities, social networks, and existing vulnerabilities
- Consider social determinants of health in national health system reforms
- Economic modeling of public health interventions related to social determinants of health: increasing healthcare reform costs due to these interventions.
- Health in All Policies as well as multisectoral and public-private partnerships

GDP per capita, PPP



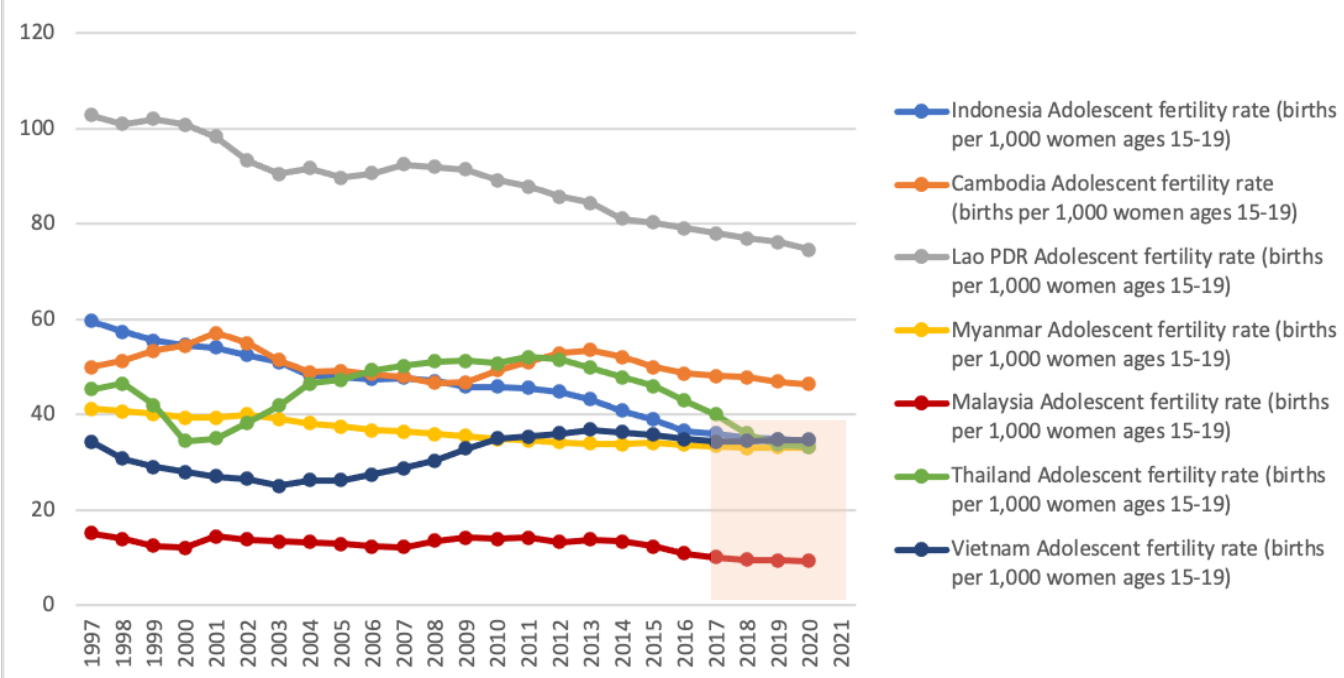
Poverty headcount ratio



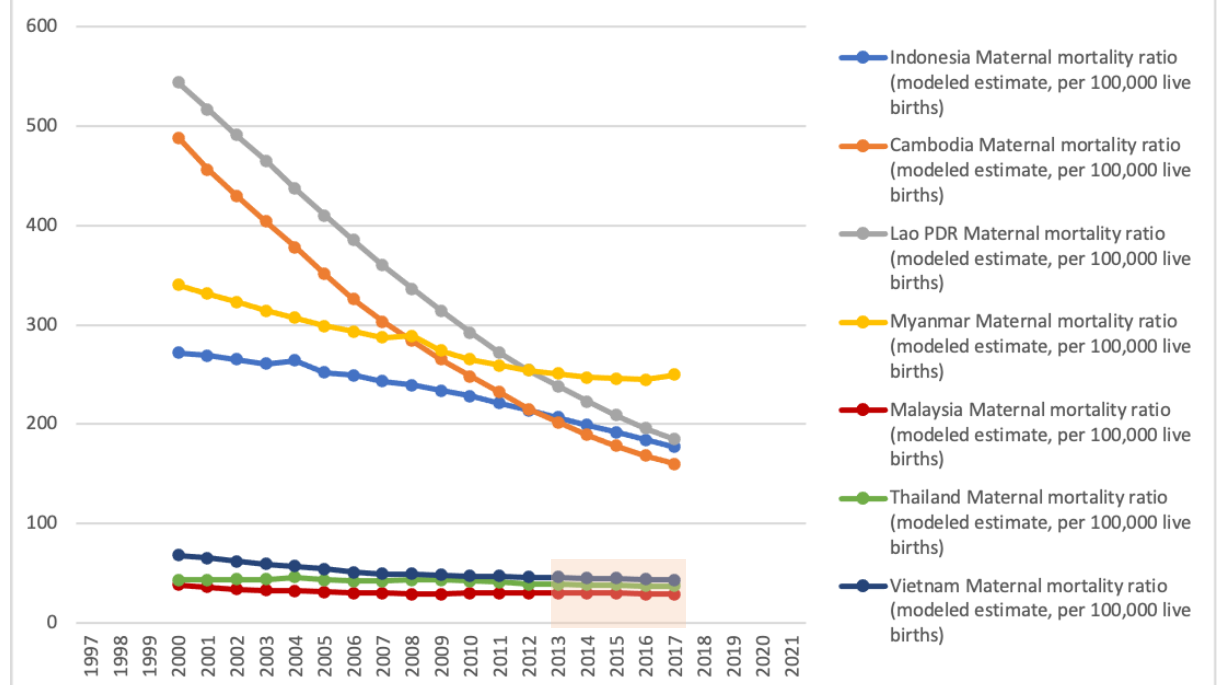
GDP PPP is gross domestic product converted to international dollars using **purchasing power parity rates**.

National poverty headcount ratio is the percentage of the population living below the national poverty lines

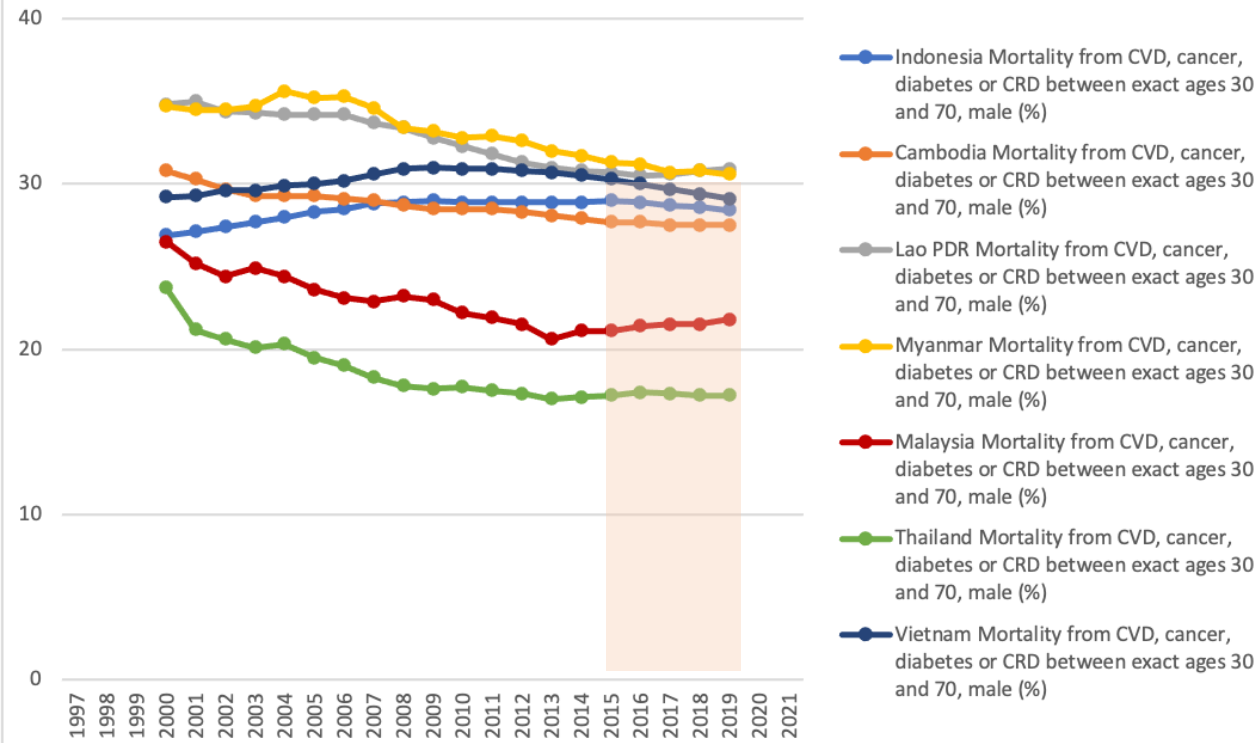
Adolescent fertility rate



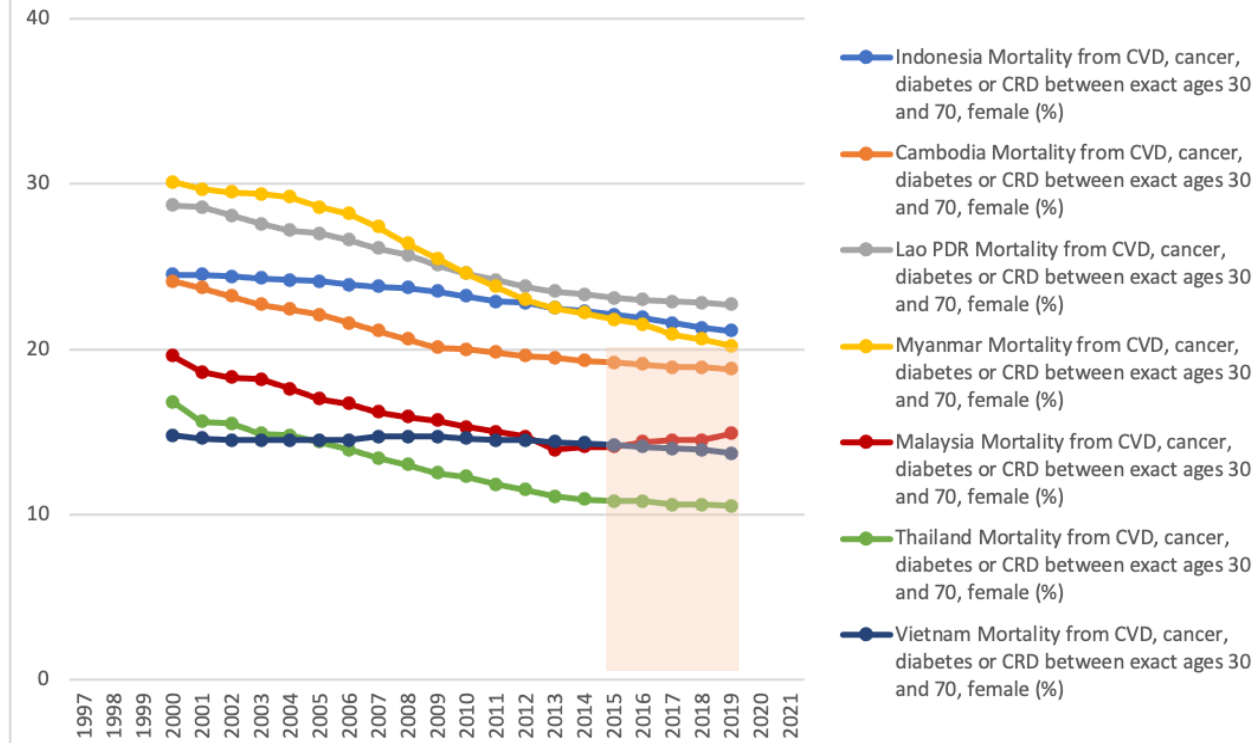
Maternal mortality ratio



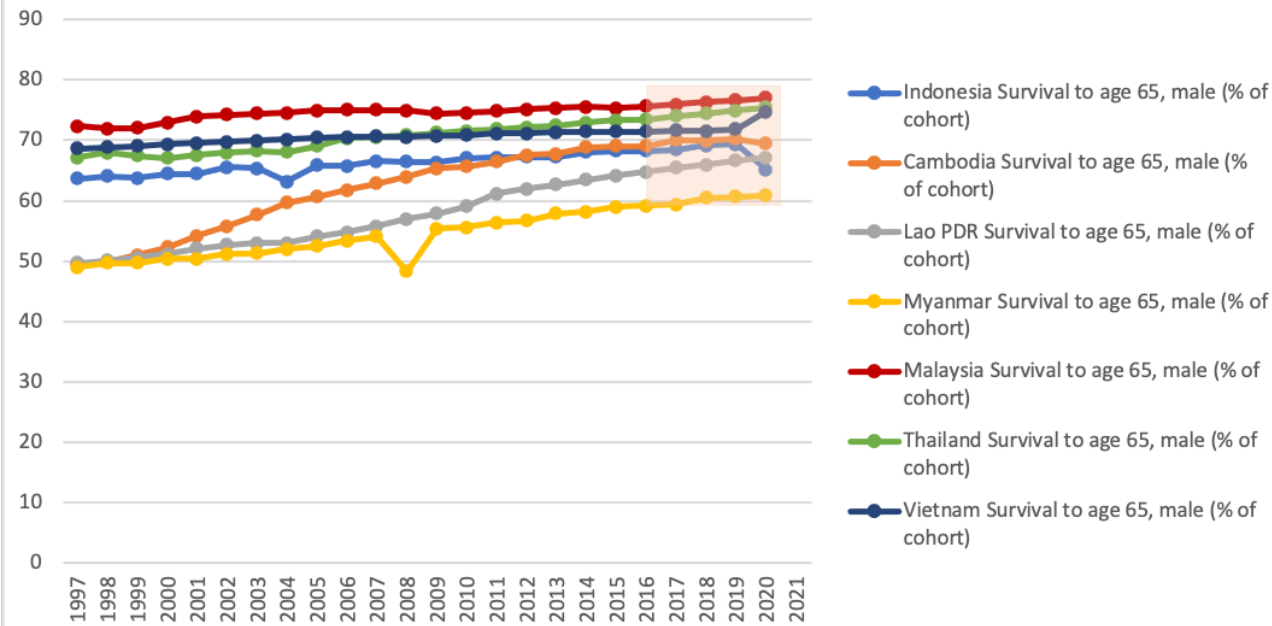
Mortality from NCDs, male



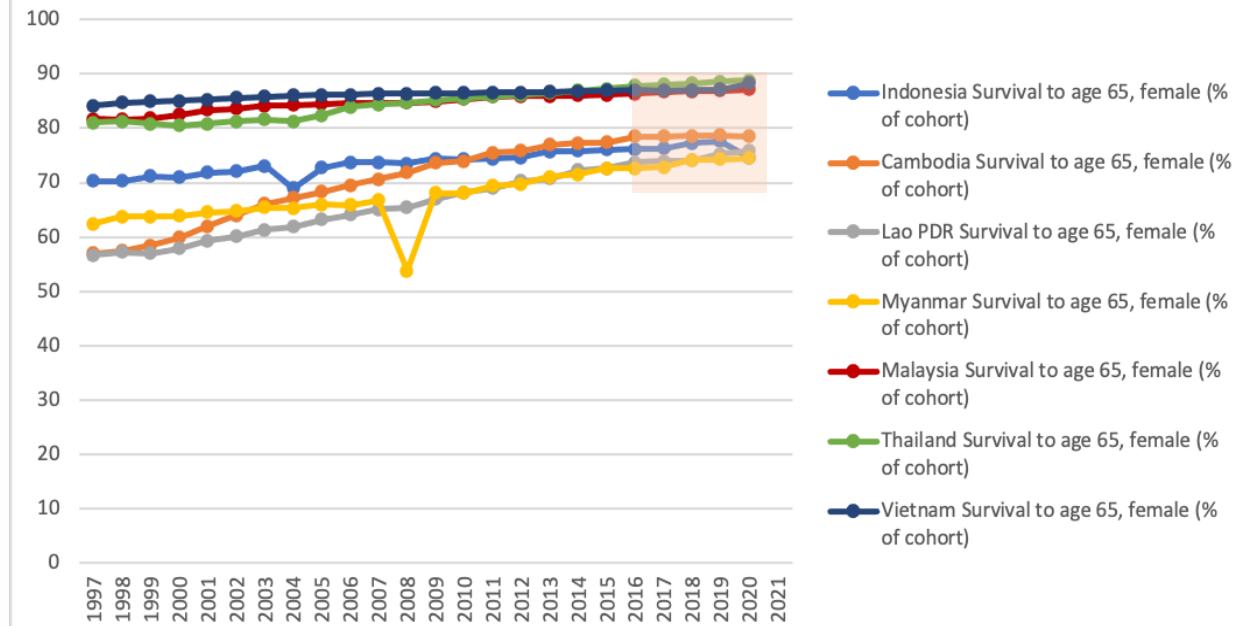
Mortality from NCDs, female

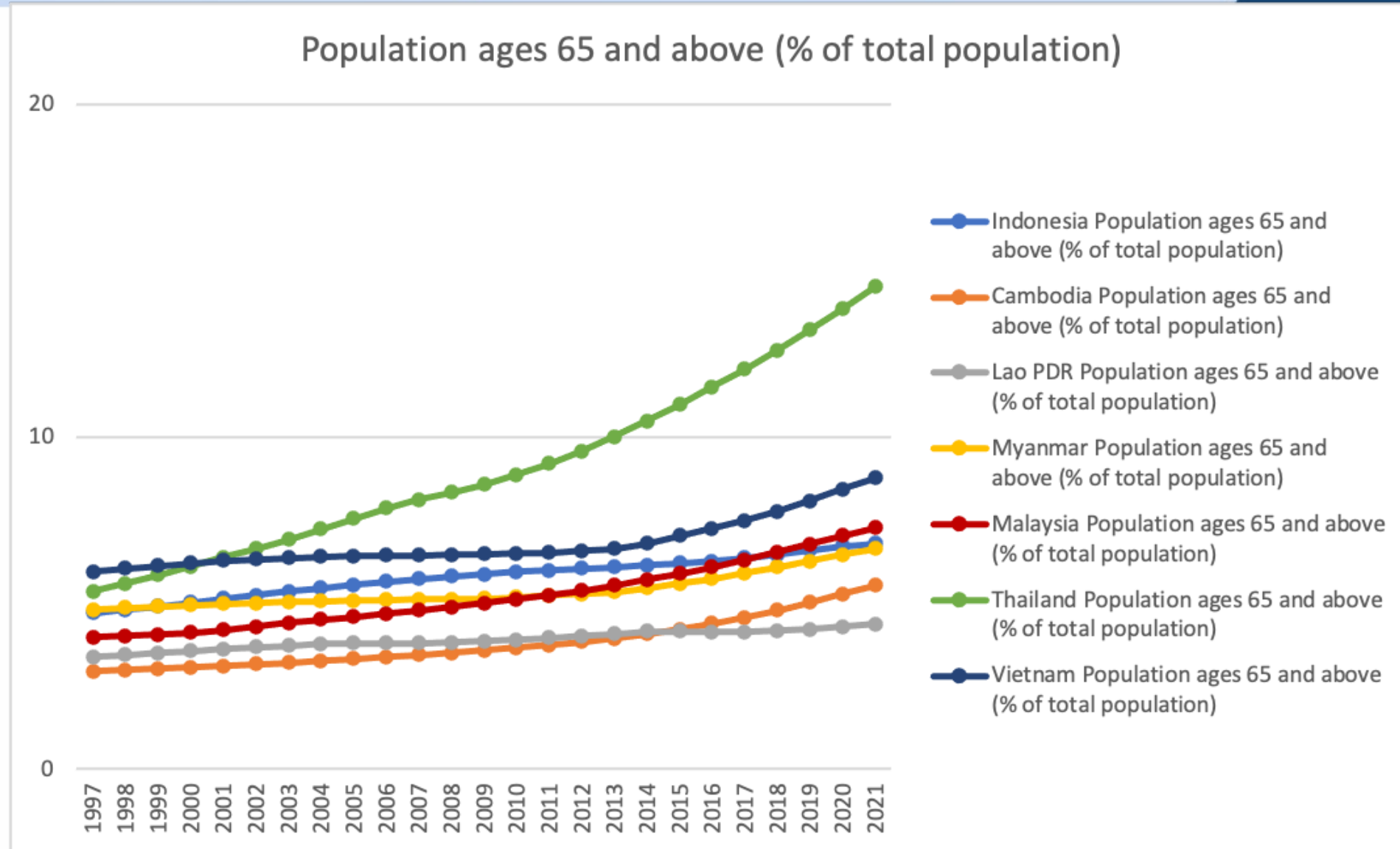


Survival to age 65, male



Survival to age 65, female





A study in Thailand aiming to describes the inequalities in access to a medication delivery service (MDS) during the COVID19 pandemic and identifies the social determinants of health-related inequalities among non-communicable disease (NCD) patients

- A face-to-face cross-sectional survey, titled ‘A Study of the Impact of Health Behaviours and Modifications in Health Behaviours during the COVID19 Pandemic in the Thai Population in 2021’
- Participants aged 15 years or older from Bangkok and all four regions of Thailand
- Only 1,739 NCD patients included as they complete data on the access to MDS
- Concentration index (CI): inequality among the income quintiles, which were standardised by age, sex, living area, job type, health insurance, and education levels measuring socioeconomic-related health inequality)
- Concentration curves: the line of equality (the 45-degree line).

Nontarak et al.
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<https://doi.org/10.1186/s12939-023-01845-2>

International Journal for
Equity in Health

RESEARCH

Open Access

Inequalities in access to new medication delivery services among non-communicable disease patients during the COVID-19 pandemic: findings from nationally representative surveys in Thailand

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Abstract

Background This study describes the inequalities in access to a medication delivery service (MDS) during the COVID-19 pandemic and identifies the social determinants of health-related inequalities among non-communicable disease (NCD) patients.

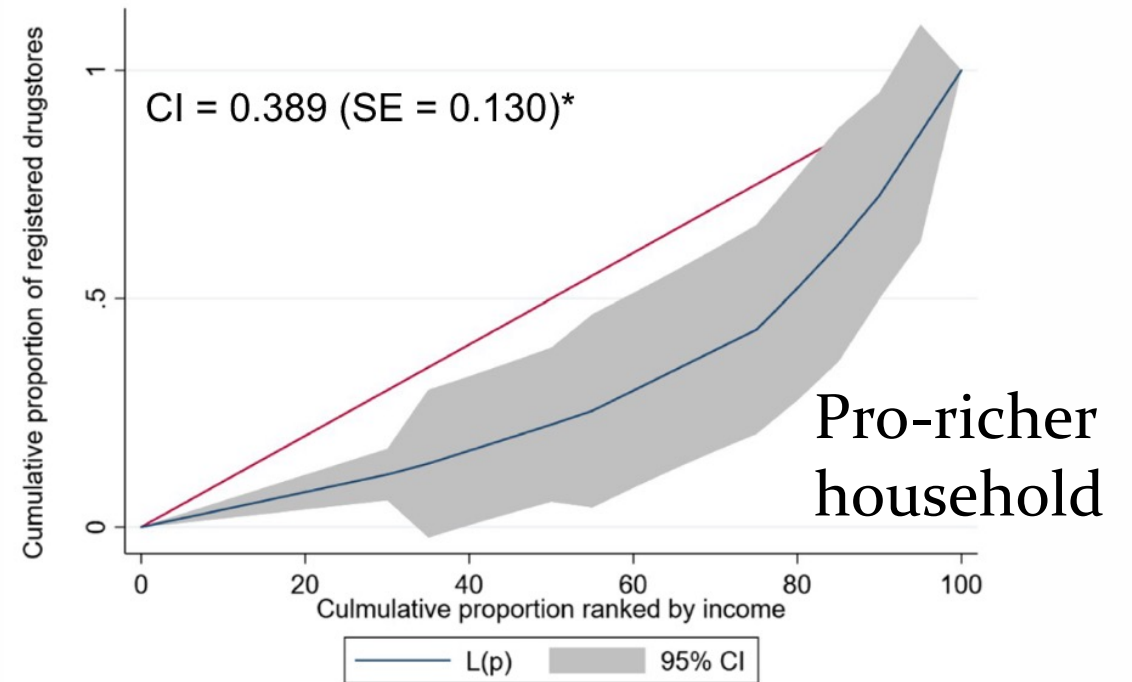
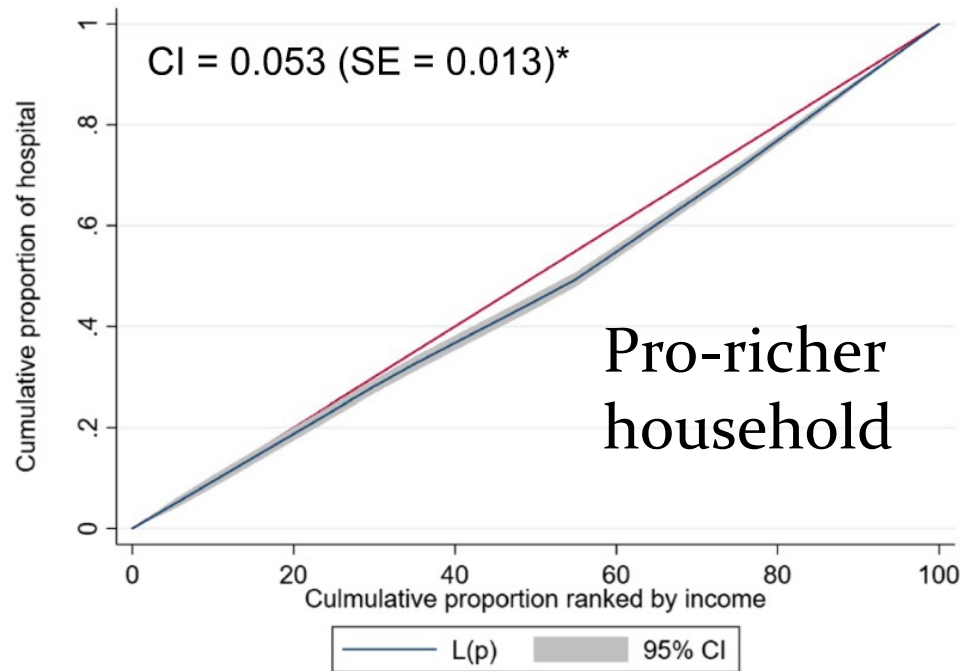
Methods Data were obtained from a study on the impact of health behaviours and modifications in health behaviours during the COVID-19 pandemic in the Thai population in 2021. The participants were recruited from Bangkok and all four regions of Thailand. The concentration index was used to examine the inequality among income quintiles, which were standardised by age, sex, living area, job type, health insurance scheme, and education level. Logistic regression was used to examine the associations between socio-demographics and access to regular services and new NCD MDSs, adjusted for age, sex, and other covariates.

Results Among 1,739 NCD patients, greater income inequalities in accessing regular NCD services and collecting medicines at registered pharmacies during the COVID-19 pandemic were observed, for which the concentration index indicated utilisation inequalities in favour of richer households. In contrast, receiving medicine at primary care centres, by postal delivery, and delivered by village health volunteers were the new NCD MDSs, which favoured less wealthy households. NCD patients living in rural areas were more likely to access new NCD MDSs, compared to those in urban areas (adjusted odds ratio = 2.30; 95% confidence interval [CI]: 1.22–4.34). Significant associations with receiving medicine at hospitals were also observed for the income quintiles. Individuals in the lowest and 2nd lowest income quintiles were more likely to access new MDSs than those in the richest quintiles.

Conclusions This study highlighted a disproportionate concentration of access to new NCD MDSs during the COVID-19 pandemic in Thailand, which was more concentrated in lower-income groups. The government should further study and integrate MDSs with the highest cost benefits into nationwide regular systems, while addressing systematic barriers to access to these services, such as the lack of shared health data across health facilities and tele-pharmacy equipment. This will promote access to public services among patients in the less advantaged groups and reduce the health inequality gap.

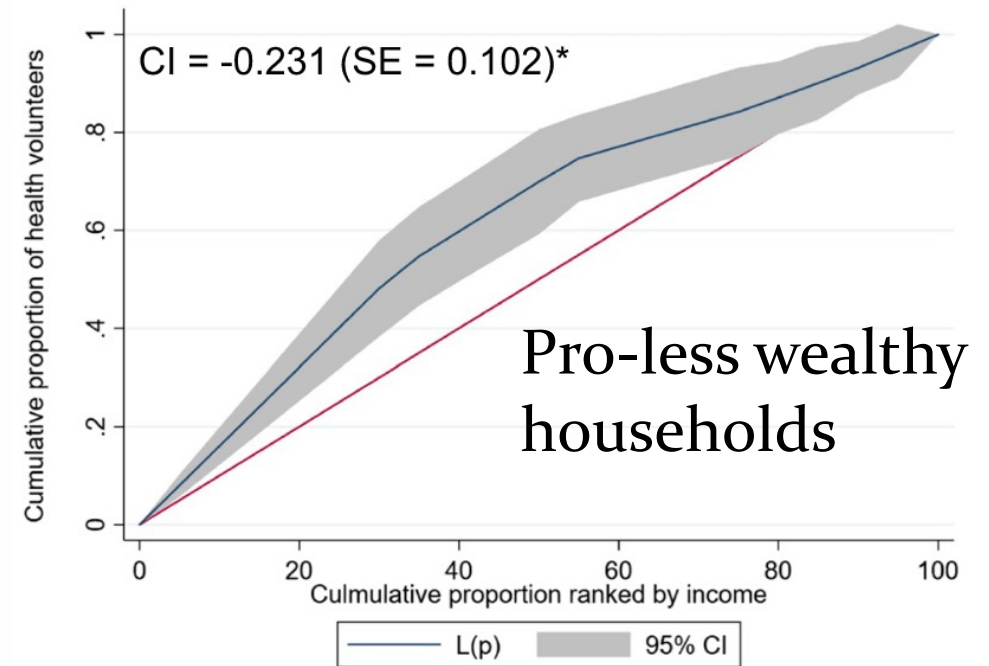
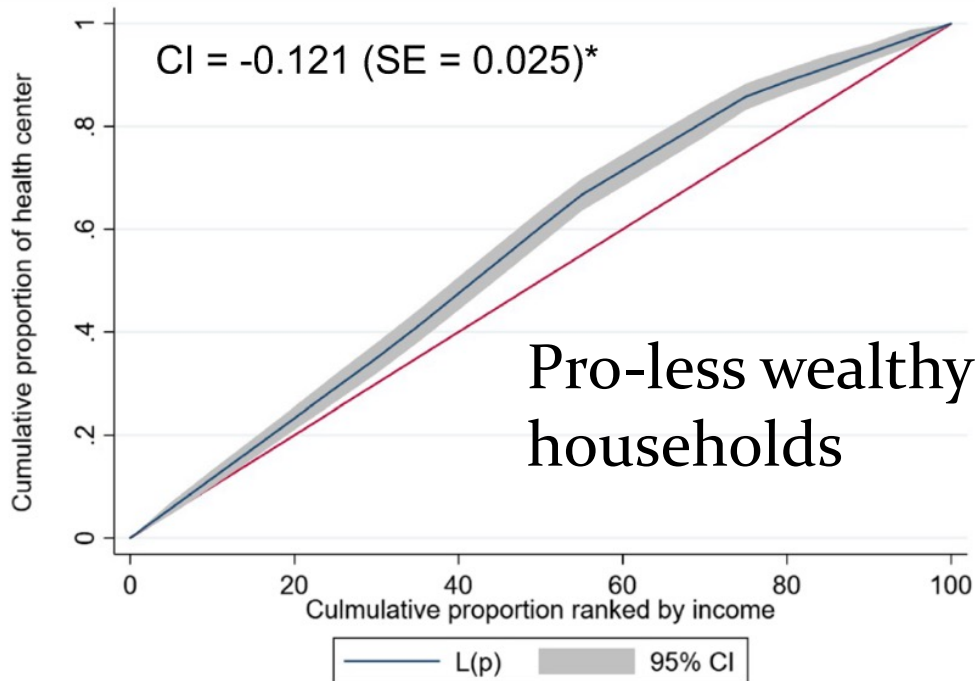
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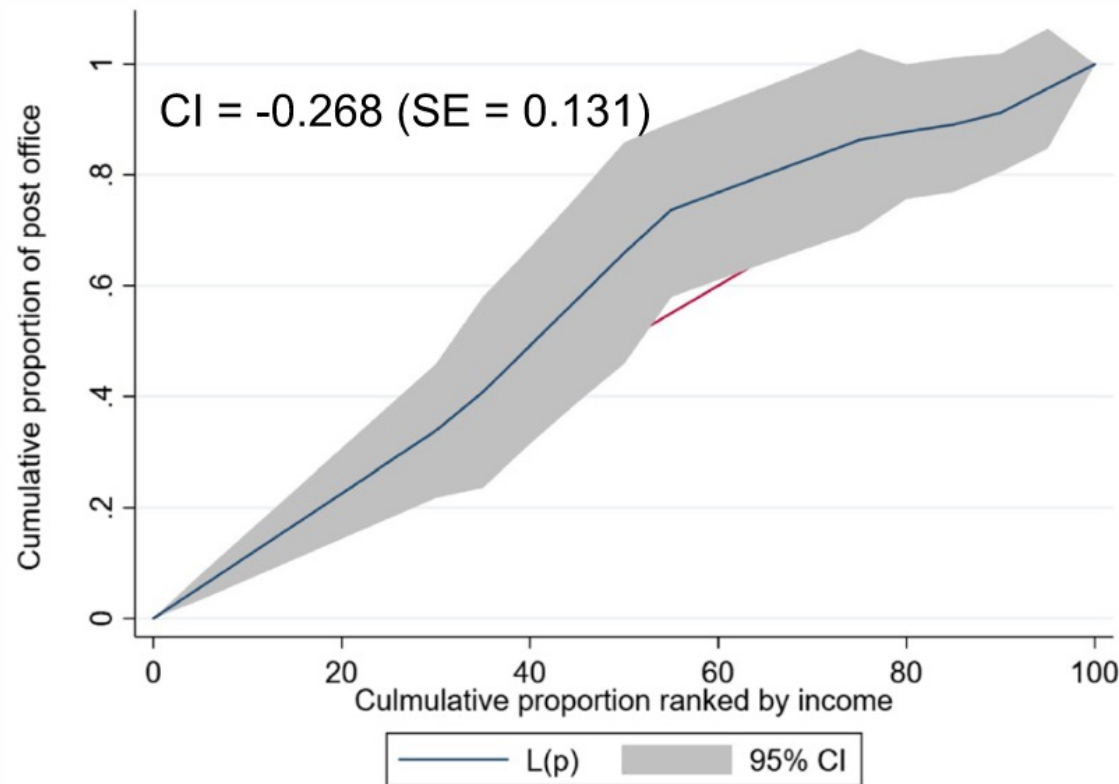
Note: * p-value < 0.05, standardised for age, sex, living area, job type, health insurance, and education levels
 CI: concentration index; SE: standard error

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Conclusion

- Social determinants of health and health inequity are dynamic and complex issues
- Requiring a multisectoral network and partnership
- Relationship between economic status and health indicators across countries and within country
- Need of well-planned public health interventions that are relevant to specific and general health contexts

THANK YOU

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