Bridging the Health Divide



Towards Inclusive Health Outcome Measures for People Living in Socio-Economic Vulnerable Circumstances

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Individuals living in socio-economic vulnerable circumstances often encounter barriers to access healthcare and prevention services, despite having the highest health needs. With this study we aim to identify and understand their health values and needs while discovering how current practice can move towards a more inclusive approach.

Health Measures Quantitative indicators of the state of health, often used to assess overall health and well-being, focused on the following domains: Physical Health Mental Health Overall Health Environmental Social **Factors** Determinants Gangannagaripalli, J., Albagli, A., Myers, S.N. et al. A Standard Set of Value-Based Patient-Centered Outcomes and Measures of Overall Health in Adults. Patient 15, 341–351 (2022)

Health Divide

Socio-economic status (SES) is a major determinant of health, impacting life expectancy, access to healthcare, and the prevalence of chronic conditions leading to health inequities

According to the WHO, there are 5 critical factors driving health inequity:

- access to and quality of health care
- income security and social protection
- living conditions
- social and human capital
- employment and working conditions

Inclusivity

The **health values and needs** of people living in socio-economic vulnerable circumstances are frequently overlooked, augmenting health inequalities. To address the health divide, including their voices is crucial in shaping effective healthcare solutions, generating long-term benefits for our society.

Research focus:

Are existing health outcome measures inclusive of the values and needs of people living in socioeconomic vulnerable circumstances?

Scoping review: preliminary results

Mapping existing indicators to measure overall health of people living in socio-economic vulnerable circumstances

Scopus Database Search

A research librarian helped refine the search strategy using keywords organized into four categories—overall health, indicators, health evaluation, and socio-economic status

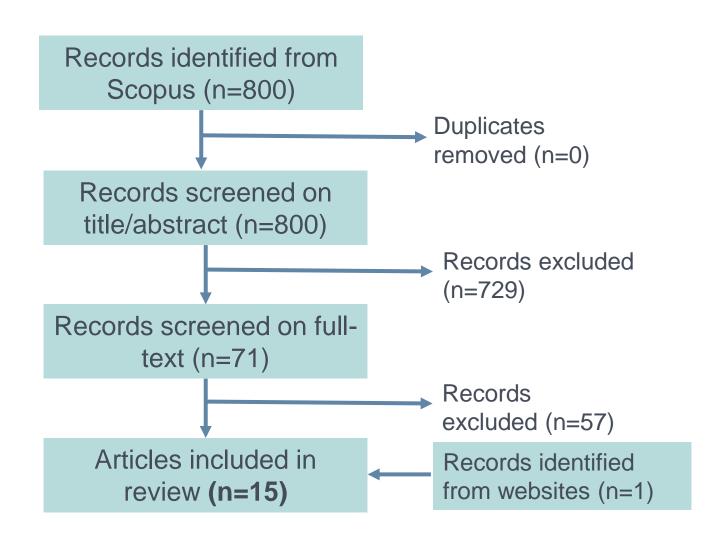


Fig. 1 Indicators per domain (total indicators n = 278)

- Socio-economic
- Environmental
- Physical Mental
- Self-rated health or perceived health status

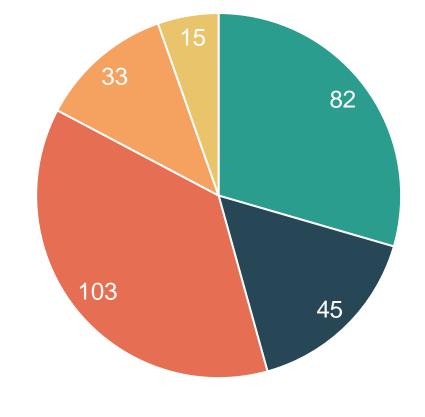


Table 1. Socioeconomic indicators subdomain	# indicators
Education and literacy	21
Social functioning and relations	21
Marital and housing status	11
Financial situation	16
Others	5
Employment and work	8
Total	82

Table 2. Population type	# articles
People living in low-income countries	3
Elderly populations	10
Poverty/low-income populations	2
Total	15

Preliminary results

- 15 articles were eligible for inclusion, identifying 278 indicators
- **Elderly populations** were the most frequently targeted vulnerable group (10/15 articles)
- Most indicators were identified using quantitative methods (14/15 articles) compared to qualitative approaches (1/15 articles)
- All indicators were inductively categorized into **5 primary domains** (fig. 1)
- Socio-economic indicators were further divided into 6 subdomains (table 1)

Discussion

- Are existing overall health measures aligned with the health indicators found for people living in vulnerable circumstances?
- Are qualitatively derived indicators consistent with quantitative findings in the same vulnerable groups?
- Which health indicators can be considered as outcomes and which as influencing covariates of overall health?
- Limitation: Only one database has been consulted. Two additional databases will be searched to expand the analysis.

Next steps:

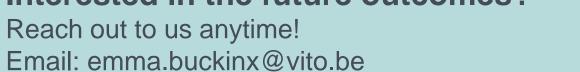
- **Further evaluating current practice:** Gaining more insights from additional databases in this scoping review
- Community Engagement: Involving underrepresented populations in interviews to capture health values and needs.
- Context-Specific Adjustments: Tailoring outcome measures to reflect the social, economic, and environmental realities of disadvantaged groups though co-creation workshops











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