Department of Health
An Roinn Sláinte
Männystrie O Poustie
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Department of Health

Audit of Inequalities

2025- 2030

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Contents

1. Foreword

The purpose of this document is to set out the findings from an Audit of Section 75 Inequalities undertaken in respect of the activities of the Department of Health. The Equality Commission for Northern Ireland (ECNI) guidance *'Section 75 of the Northern Ireland Act 1998: A Guide for Public Authorities'* states that public authorities should periodically undertake an Audit of Inequalities (AOI) by examining their functions and how these relate to the promotion of equality and good relations. Section 75 (S75) of the Northern Ireland Act 1998 requires public authorities, in carrying out their functions, to have due regard to the need to promote equality of opportunity and regard to the desirability of promoting good relations across the S75 categories. This obligation relates to the differences between the categories within the 9 groups set out in Section 75 of the NI Act. The findings from the AOI will be used to inform departmental policy for the period 2025-30 and in particular, the development of the draft Equality Action Plan (EAP) and Disability Action Plan (DAP). The consultation on these plans is due for Spring 2025.

2. What is an Audit of Inequalities?

The process of undertaking a systematic audit of inequalities and using this as a basis to develop actions, measures and plans to address inequalities, is essentially evidence-based policy making.

The Department of Health previously completed an Audit of Inequalities (AOI) in 2017. This audit was used to inform the development of the 2019-2024 Equality and Disability Action Plans which are reviewed and updated annually. Sections 3 and 4 of the AOI was published with the draft consultation document for the EAP and DAP 2018–23 in November 2017.

3. Purpose of an Audit of Inequalities

The purpose of carrying out an Audit of Inequalities is to provide a high-level picture of inequalities which can then be used to formulate an Action Plan designed to reduce these inequalities. The AOI does not consider inequalities on a policy-by-policy basis, through for example, screening or equality impact assessments but instead considers key and persistent inequalities across Section 75 groups. It is a review and evaluation

of existing data (qualitative and quantitative) for each of the Section 75 equality and good relations categories.

Therefore, such a broad Audit of Inequalities may result in a strategic picture beyond the capability of the Department of Health alone to influence. However, the audit provides an opportunity to consider all relevant data and examine health inequalities in today's society. The information gathered will then be aligned with and inform the development of the department's policies, programmes, and services with the aim of reducing the key persistent inequalities identified in the Audit. The Audit of Inequalities will be a valuable resource for the Departments policy teams for future equality screening and impact assessments.

4. What is equality?

In general, the health of the NI population has been improving over time. Social, economic, environmental and health improvements have meant that people are living longer than before, although progress has slowed over the past decade. Advances in treatment and care have also meant that chronic conditions can be managed differently to secure better quality of life for longer. Unfortunately, not everyone has had an equal chance of experiencing good health and wellbeing. Equality is about ensuring that every individual has an equal opportunity to make the most of their lives and talents. Equality recognises that historically certain groups of people with protected characteristics such as race, disability, gender and sexual orientation have experienced discrimination.

5. Prioritisation of health inequalities

It is important to note that whilst inequalities are many and varied, this exercise has attempted to focus on key persistent inequalities which are relevant to the Departments' functions and impact heavily on the lives of people in NI. It should be noted that as we are consulting on this internally and externally, we will address any significant issues raised in the responses. Most people experience inequalities at multi-identity level but there are very few studies that apply intersectional analysis and data.

Section 75 duties are both anticipatory and positive and should assist with taking actions across policy teams within the Department to consider and address where the greatest inequality exists or where the greatest impact can be made to improve the lives for everyone in NI.

6. What are Health inequalities?

Inequalities in health arise because of inequalities in the conditions in which people are born, grow, live, work and age. These conditions influence the ability of individuals, families and communities to take control over their lives and choices, and whether they are enabled and supported to lead, long, healthy, active lives.

Health inequalities are the unjust and avoidable differences in people's health across the population and between specific population groups.

Health inequalities go against the principles of social justice because they are avoidable. They do not occur randomly or by chance. They are socially determined by circumstances largely beyond an individual's control. These circumstances disadvantage people and limit their chance to live longer, healthier lives.

Health inequalities are defined as the differences in health outcomes experienced by different socio-economic, demographic or population groups. They reflect unfair and avoidable differences in health across the population, and between diverse groups within society. Health inequalities arise because of the conditions in which we are born, grow, live, work and age. These conditions influence our opportunities for good health, and how we think, feel and act, and this shapes our mental health, physical health, and wellbeing. As well as the overarching health inequalities of life expectancy and healthy life expectancy, numerous other inequalities between specific groups can also exist.

7. The Northern Ireland Act 1998 ('The Act) and withdrawal from the European Union

The Northern Ireland Act 1998 devolved certain powers to the NI Assembly while retaining responsibility for specified reserved and excepted matters. Section 75 of this Act requires public authorities, in carrying out their functions relating to Northern Ireland, to have due regard to the need to **promote equality** of opportunity and regard

to the **desirability** of promoting **good relations** across a range of categories outlined in the Act.

As a consequence of the withdrawal of the UK from the European Union in 2020 the 'Windsor Framework' was adopted in March 2023. Article 2 of this framework ensures that people in NI do not lose certain equality and human rights because of Brexit. This means that the rights people in NI previously had cannot be reduced. It also means that NI will keep up with any changes that the EU makes to the equality rights that people have. The UK's commitment in Article 2(1) is about the rights that are written in the Belfast/Good Friday Agreement.

8. What are Section 75 groups?

In Northern Ireland there are 9 groups specified where a public authority will have due regard to the need to promote equality of opportunity between persons of different -

1. religious belief;
2. political opinion;
3. racial group;
4. age;
5. marital status;
6. sexual orientation;
7. between men and women generally (gender);
8. persons with dependents and persons without; and
9. persons with a disability and persons without.

9. The Department of Health and it's role to promote health equality

The Department of Health is one of nine Northern Ireland Departments. It is the Department's mission to improve the health and social well-being of the people of NI.

The Department of Health has a statutory responsibility to promote an integrated system of Health and Social Care (HSC) designed to secure improvement in:

- The physical and mental health of people in Northern Ireland;

- The prevention, diagnosis and treatment of illness; and
- The social wellbeing of people in Northern Ireland.

Under the Health and Social Care (Reform) Act (Northern Ireland) 2009, the Department is required to:

- Develop policies;
- Determine priorities;
- Secure and allocate resources;
- Set standards and guidelines;
- Secure the commissioning of relevant programmes and initiatives;
- Work in partnership with its ALBs; and
- Promote a whole system approach.

The Department discharges its duties both by direct Departmental action and through its 16 Arm's Length Bodies (ALBs).

Further information about the Department of Health is available here.

10. Departmental Priorities and Strategies

10.1. Strategic Priorities for Health

The Minister of Health's overall aim and vision is to build a world-class health and social care service for the people of NI. This includes building a strong focus on transformation and initiatives in order to improve the health and wellbeing of the people of NI , drive up the quality of health and social care for patients, clients and carers, to improve outcomes, to safeguard the vulnerable, and to ensure that patients, clients and carers have the best possible experience in every aspect of their treatment, care and support.[1]

Making Life Better (MLB) is the Northern Ireland Executive's strategic framework to provide direction for policies and actions in respect of public health. MLB recognises that health and wellbeing and health inequalities are not just the outcome of the clinical

[1] https://www.health-ni.gov.uk/sites/default/files/publications/health/doh-hospitals-better-outcomes-oct-2024.pdf

services provided, but are in fact primarily shaped by factors, including age, family, community, workplace, beliefs and traditions, economics, and physical and social environments.

The department has developed a Health Inequalities Dashboard, created using data from the Health inequalities Annual Report , which presents the annual publication of a comprehensive analysis of health inequality gaps between the most and least deprived areas of NI, and within (HSC) trust and local government district (LGD) areas.

The Equality Action Plan and the Disability Action Plan both demonstrate how the department plans to help reduce health inequalities in NI. These inequalities will be measured using the **Making Life Better key indicators progress update** and **Health inequalities annual report** .

The **Three Year Strategic Plan** launched in December 2024 demonstrates how the department will strive to improve the health and social care services for everyone in NI.The plan sets out a path for the future based on the three pillars of Stabilisation, Reform and Delivery.

- **Stabilisation** of services, including mitigating the inevitable deterioration of some services as a result of budgetary pressures;
- Accelerated **Reform** of the HSC sector by making the strategic changes necessary to enable the system to address the health needs of NI citizens. The health system must be put on a sustainable footing with a long-term vision supported by a viable plan to deliver it; and
- **Delivery** of safe, sustainable, high-quality health and social care services as close as possible to citizens through primary, community, social and hospital care, with services configured effectively and efficiently to meet demand for both planned and unscheduled care.

11. Equality in the Department of Health

It is the duty of all policy and decision makers in the Department to comply with the Equality and Good Relations Section 75 legislation. The Department provides additional support to ensure that these duties are fulfilled in the form of the Equality and Human Rights Unit (EHRU).

The role of the EHRU is to provide support and advice to the Minister and Departmental officials on compliance with equality, diversity and human rights obligations in the development and implementation of policy and legislation. It has lead responsibility for the Department's Equality Scheme and action plans to meet those obligations and co-ordinates relevant information and briefing requests. The Unit also has an active role in promoting awareness amongst Departmental staff of their obligations in relation to compliance with Equality and Human Rights legislation.

11.1. Equality Scheme

The Equality Scheme 2022 sets out how the Department of Health proposes to fulfil the Section 75 statutory duties through the commitment of necessary resources, implementation of internal arrangements and the provision of opportunities for stakeholder engagement.

11.2. Equality Action Plan

The Department's Equality Scheme includes a commitment to the development of an **Equality Action Plan (EAP)** which relates to the Department's specific functions and aims to promote equality of opportunity and good relations by taking actions to address inequalities. The measures included in the plan are specific, measurable, linked to achievable outcomes, realistic and time bound where possible. Action measures include performance indicators and timescales for their achievement. The EAP is reviewed and updated annually (see Annual Progress Report below).The lifespan of the current Equality Action Plan is from 2019-2024.

11.3. Disability Action Plan

The Department is also committed to the development of a **Disability Action Plan (DAP)** to fulfil its' obligations in respect of its disability duties under Section 49A of the Disability Discrimination Act 1995. This requires the Department, when carrying out its functions, to have due regard to the need to promote positive attitudes towards disabled people; and to encourage participation by disabled people in public life. The lifespan of the current DAP is from 2019-2024.

12. The Audit of Inequalities

12.1. Wider considerations that impact health equality including economic and social determinants

It is recognised there is a relationship between health, disadvantage, inequality and social and economic factors. **Socio-economic disadvantage is not specified under equality legislation and this aspect of inequality is instead addressed through the Live Better programme approach to tackle health inequalities and improve population health.** The barriers and health inequalities experienced by Section 75 groups can be exacerbated by poverty and social exclusion. While there has been general improvement in population health, not everyone has been able to avail fully of the benefits of this progress.[2]

Research undertaken by EHRU (references noted within the AOI) shows that inequalities based on race, disability, age, religion or belief, gender, sexual orientation and gender identity can interact in complex ways with the socio-economic position in shaping people's health. Some vulnerable groups and communities, for example people with learning disabilities or travellers, have significantly poorer life expectancy than would be expected based on their socio-economic status alone. For many of these groups poorer health outcomes are linked to wider social determinants such as access to education and employment.

According to the World Health Organization, a healthy lifestyle is defined as, "*a way of living that lowers the risk of being seriously ill or dying early*". Public Authorities can emphasise the importance of a healthy lifestyle but many individuals worldwide still live an unhealthy life. People's behaviour is a major determinant of how healthy they are. Smoking, poor diet, physical inactivity and harmful alcohol consumption are among the leading risk factors that drive adverse health outcomes and premature mortality.

[2] https://www.equalityni.org/ECNI/media/ECNI/Publications/Delivering%20Equality/PovertyPolicyPositions.pdf

The Audit of Inequalities and the Action Plans following from its findings will be important for delivering the Programme for Government outcomes including "*We all enjoy long, healthy active lives*".

12.2. Information and Data collection in Department of Health

Information Analysis Directorate (IAD) sits within the Department of Health and carries out various statistical work and research on behalf of the department. The Directorate is responsible for compiling, processing, analysing, interpreting and disseminating a wide range of statistics covering health and social care.

The statisticians within IAD are outposted from the Northern Ireland Statistics & Research Agency (NISRA) with statistics produced in accordance with the principles and protocols set out in the UK Code of Practice for Official Statistics.

Public Health Information and Research Branch (PHIRB) sits within this directorate and its role is to support public health policy development through managing the public health survey function while also providing analysis and monitoring data. In support of the public health survey function, PHIRB is involved in the commissioning, managing and publishing of results from departmental funded surveys, such as the Health Survey Northern Ireland and the Young Persons Behaviour and Attitudes Survey.

The branch also houses the NI Health and Social Care Inequalities Monitoring System which covers a range of different health inequality/equality-based projects conducted for both the region as well as for more localised area levels. PHIRB provides support to key Department of Health strategies including Making Life Better, as well as a range of other departmental strategies such as those dealing with suicide, sexual health, breastfeeding, tobacco control and obesity prevention. It also maintains and develops key departmental databases such as, the Substance Misuse Database.

12.3. Data collection challenges

It is important to note that there are a range of barriers and challenges in collecting and using equality data, which impacts on the analysis that can be undertaken by the Department. Some of the main examples of the barriers and challenges in collecting/analysing equality data include:

- **The personal and sensitive nature of equality data:** members of the public can be reluctant to provide information about their equality characteristics, particularly when they do not directly relate to the service provided. Staff can also feel uncomfortable asking people about their protected characteristics because of its personal and sensitive nature - for similar reasons. This can lead to low /poor recording levels preventing robust or reliable assessment.

- **Practical, operational and / or methodological challenges arising from the context within which data collection is undertaken:** the social and emotional context and / or the physical environment within which the data collection takes place is not always conducive to the collection of high-quality (complete and accurate) data. For example, data collection can take place during an emergency (including a medical emergency or a police incident) or places where there is limited privacy, time etc.

- **Lack of standardisation and the pace of change:** Difficulties can arise from the complexity of defining equality groups using agreed and standard definitions and terminology, linked to difficulties of 'keeping abreast' of developments in this (fast-moving) field. There can often be a lack of standardisation which leads to inconsistencies in approach across the public sector, and a lack of alignment between partner organisations.

- **Shortcomings in organisational culture, capacity and / or capability:** insufficient 'infrastructure' available within the organisation to properly support the collection, processing, storage and use of equality data.

- **Low numbers:** where equality data is robustly collected in NI, we are often analysing a sub-population group e.g. cancer patients, death due to COVID-19. For certain equality groups e.g. ethnic minorities, the numbers are often too low to produce meaningful and reliable analysis. This is a limitation particularly in NI which has a relatively small population.

There is continuing development of data collection and the Encompass programme which will create a single digital care record for every citizen in NI who receives health and social care. Further Information is available here.

12.4. Methodology used to produce the AOI

The Department of Health has undertaken an Audit of Inequalities as recommended by The Equality Commission NI (ECNI). The findings of this audit have informed the draft Equality Action and Disability Action Plans for 2025-2030 to enable the Department to make progress in addressing inequalities relevant to its functions and to identify areas where it can better promote equality of opportunity and good relations for service users and those affected by departmental policies. The process involved gathering qualitative and quantitative information from a number of internal and external sources which are also referenced in the resulting Audit of Inequalities table set out below.

The methodology employed follows the recommendations provided in the ECNI advice to public authorities. The 9 stages are detailed below:

Stage 1: Reviewing internal and external qualitative and quantitative information as an evidence base to inform the audit;

Stage 2: Pre-engagement through the Department of Health **S75 Consultee List** which is updated annually including voluntary, community and trades union sectors;

Stage 3: Analysis of data received including the identification of gaps and potential areas for improvement going forward, including review of previous budget EQIA consultation feedback, Business Services Organisation and the health organisations recent Audit, Equality and Disability Action plans.

Stage 4: Collation and analysis of both external and internal information received by the Equality and Human Rights Unit disaggregated by Section 75 categories;

Stage 5: Consideration of impacts and outcomes, the Programme for Government and Making Life Better plans;

Stage 6: Use the Audit of Inequalities information along with the Departments Policy Teams to develop an Equality Action Plan and Disability Action Plan with specific, measurable, achievable and timebound actions;

Stage 7: Publishing the Audit of Inequalities along with the draft Equality Action Plan and Disability Action Plan 2025-2030 for public consultation for a minimum of 12 weeks;

Stage 8: Review of the consultation feedback and amendment of the action plans as required. Publishing consultation summary report and final agreed action plans;

Stage 9: Review and monitor the Audit of Inequalities information and update action plans annually, completing reporting for the Equality Commission NI.

NI census 2021 data was used to obtain population level data (referenced at **Appendix A**). This data, which shows nonspecific generalised quality of health data for Section75 categories, was used as a baseline to highlight where potential inequalities may lie due to ethnicity or race. This data tends to show that ethnic minorities, those with dependents and people who are married tend to have better self-reported health than their Section 75 counterparts. There is a less of a difference between groups in terms of Gender and Sexual Orientation. NI census data at **Appendix B** specific to Section 75 groups was evaluated and both data sets plus additional aforementioned research undertaken by EHRU was used to support the decision to include the inequality within the action plan and thus enabling the identification of the most pivotal health inequalities within the Department of Health.

12.5. Results from the Audit of Inequalities

After research undertaken by the EHRU and Policy leads were consulted to ensure the best analysis, and identified inequalities experienced by service users, employees and others that could be addressed by the Department's policies, programmes or processes. 43 potential inequalities have been included in the table below. This is an increase of 33 inequalities compared with the previous Audit of Inequalities in 2017. This is due to an increase in the delivery of programmes for health such as the women's health strategy, obesity strategy, ending sexual and domestic violence strategy, mental health strategy etc.

It is not possible to reliably conclude that the increase in the number of potential inequalities identified reflects a general increase in health inequalities across Section 75 groups or that the inequalities are primarily due to the actions of the Department of Health and/or the wider HSC sector. The largest number of potential inequalities have been included in respect of age (12) as well as gender (8) and racial groups (8) with no robust evidence for inequalities in respect of Religious Belief and Political Opinion.

S75 Group affected	POTENTIAL/EMERGING INEQUALITIES IDENTIFIED	SUMMARY OF EVIDENCE SOURCES
GENDER [including age]	1. High levels of self-harm for young females 2. Lower male life expectancy with a high risk of suicide in males aged 19-55yrs in most deprived areas	• HSCNI- Cancer Screening Fact sheet 2021-2022 • Factors influencing cervical screening uptake in some groups of women - ARC • HSCNI – Public Health Cervical Cancer Screening • Northern Ireland Registry of Self-Harm Annual Report 2018-2019 and summary report 2019-2020 | HSC Public Health Agency • BBC Article on Gynae waiting lists • Health Inequalities Annual Report 2023 | Department of Health (health- ni.gov.uk) • Department of Health Inequalities Annual Report 2024 • Department of Health Suicide Prevention Strategy including self harm • Department of Health Inequalities Statistics • Equality Commission NI Gender Equality • Health Survey Northern Ireland – Department of Health Statisticians
GENDER	3. A larger proportion of males than females abuse substances including alcohol, tobacco and drugs. 4. There is a need to reduce smoking in pregnancy for all women, with a focus on the needs of those who experience social disadvantage. 5. Teenage parenthood- young people, particularly those under 16, may be considered a group at high-risk for unplanned pregnancy as they are less likely to use or have access to contraceptives or condoms.	• Department of Health – Adult Drinking Patterns 2013 • Drinkaware Northern Ireland Nations Report 2023 • DoH consultation on New Substance Use Strategy 2022 • National Childrens Bureau - Young Parents Matter • Public Health Agency – Inequalities in health and wellbeing - Reducing Smoking in Pregnancy • The Health Foundation UK life expectancy at birth • Department of Health Breast Feeding Strategy, Nov 24

S75 Group affected	POTENTIAL/EMERGING INEQUALITIES IDENTIFIED	SUMMARY OF EVIDENCE SOURCES
	6. There is an association between breastfeeding and deprivation, with those living in the most deprived areas of Northern Ireland less likely to attempt breastfeeding contributing to higher health inequalities. 7. Men are generally more likely to be overweight than women. 8. Women and girls are disproportionately affected by domestic and sexual abuse. 9. Women face additional barriers in accessing proper healthcare. 10. Males in the criminal justice system have poorer physical and mental health.	• Health Intelligence briefing, Public Health Authority, Breast feeding in Northern Ireland, May 2024 • Department of Health – Obesity Consultations • National Institute for Health and Care Excellence July 2019 Eating Disorders • Women's Aid Domestic Abuse Statistics • Domestic Abuse Statistics | PSNI • Statistics on child abuse | NSPCC Learning • Stopping Domestic and Sexual Violence and Abuse in Northern Ireland Strategy | Department of Health • Women's Health Strategy, Private Member's business, NI Assembly, 13 Feb 2024 • Endometriosis Facts and Figures | Endometriosis UK (endometriosis-uk.org) • BBC News Article on Endometriosis • Department of Health- Improving health within Criminal Justice strategy and action plan • Department of Health – improving health within criminal justice consultation
SEXUAL ORIENTATION	11. Gay, Bi-sexual and Men who have Sex with Men are at a higher risk of sexual ill health. 12. LGBTQIA+ community are at a higher risk of unequal treatment from healthcare staff, directly impacting their mental health and therefore experience barriers in access to mental health services. 13. Access to IVF fertility treatment and the removal of all unjustifiable barriers to their accessing these services.	• Department of Health – Sexual Health Action Plan • Public Health Agency Statistics – STI surveillance in Northern Ireland 2022 • https://www.mentalhealth.org.uk/explore-mental-health/statistics/lgbtiq-people-statistics • https://www.equalityni.org/Delivering-Equality/Equality-Themes/Sexual-orientation-equality/LGB_priorities/health-and-public-services

S75 Group affected	POTENTIAL/EMERGING INEQUALITIES IDENTIFIED	SUMMARY OF EVIDENCE SOURCES
	14. LGBTQIA+ community experience higher levels of domestic and sexual violence and abuse	• Inequalities and sexual health – Terence Higgins Trust • Department of Health- Mental Health Strategy 2021-2031 • Stonewall LGBT in England, Scotland, Wales Health Report 2018 • Mental Health Foundation LGBTIQ+ people: Statistics • Just like us.org article on young people LGBT to have an eating disorder research • Equality Commission NI – Sexual Orientation • The Rainbow Project Health and Well being • Hiding who I am – Marie Curie • NI Direct Sexual Health
AGE	15. Lower attendance of women (aged 25-29) for cervical cancer screening. 16. Older people with dementia are not receiving timely and accurate diagnosis, appropriate care and treatment 17. Younger adults (18-29 years) were more likely to binge drink than older adults. 18. High numbers of children/ young people using e-cigarettes/vaping. 19. Reduced access to health care to address increasing children/ young people's mental health needs including children in care/looked after children. 20. There are increasing rates of obesity in young children in the most deprived areas. 21. High rates for respiratory diseases and poor lung health for elderly and children in the deprived areas. 22. Delays in hospital discharge for older patients requiring home care.	• Living with Dementia • Living and dying with dementia in England: Barriers to care • Consensus Statement - Improving access to a timely and accurate diagnosis • Young adults and high-risk drinking trends | Drinkaware | Drinkaware • Generation Vape? E-cigarette use among children on the island of Ireland – insights from official data, Public Health Ireland, Oct 24 • "Vaping is not that bad for you…" NI Chest, Heart and Stroke • Mental Health Champion fundamentals facts 2023 report • Health Inequalities Annual Report 2023 | Department of Health (health-ni.gov.uk) • Public Health Agency – Childrens Health in Northern Ireland 21/22

S75 Group affected	POTENTIAL/EMERGING INEQUALITIES IDENTIFIED	SUMMARY OF EVIDENCE SOURCES
	23. Older people have an increased risk of oral cancer. 24. Oral cancer is more common in older adult populations. 25. Lower registration rates and therefore lower access to NHS dental services for children aged 0-4 26. Those between the age of 50 and 60 have a higher risk of undiagnosed bowel cancer.	• https://www.health-ni.gov.uk/articles/health-inequalities-statistics • Domiciliary Care in NI • Belfast Telegraph article on overweight children in NI • NSPCC Independent Review into children's social care in Northern Ireland • Department of Health - children and adolescent mental health service statistics • Youth Wellbeing Prevalence Survey 2020 - DOH/HSCNI Strategic Planning and Performance Group (SPPG) • National Institutes of Health – All Ireland Traveller Study Gov.ie – All Ireland Traveller Health Study • Cervical screening | Cancer Research UK • ITV article on increasing children and young people mental health referrals • NHS England- reducing health inequalities in mental illness • Asthma and Lung UK- Health Inequalities and lung conditions • Department of Health – delayed discharges monthly monitoring • Gov.UK tackling youth vaping and a smokefree generation • Public Health Agency - tackling childhood obesity • Department of Health – Fitter Future Framework 2012-2022 • Asthma and Lung UK – Saving your breath report 2023 • Department of Health Inequalities Annual Report 2024 • Gov.uk - Bowel Screening Programme Overview • Hospital waiting times statistics | Department of Health (health-ni.gov.uk)

S75 Group affected	POTENTIAL/EMERGING INEQUALITIES IDENTIFIED	SUMMARY OF EVIDENCE SOURCES
		• Northern Ireland Older Person's Oral Health improvement plan. • Institute of public health - Dental Health and oral-Health-in-Northern-Ireland-and-Ireland-Final 2022 • NISRA - General Dental Statistics for Northern Ireland 2021 • Cancer Research UK - Closing the Gap - Screening interventions could reduce inequalities in bowel cancer • Bowel Cancer UK – our work in Northern Ireland
PERSONS WITH A DISABILITY AND PERSONS WITHOUT	27. Service Users face delays in assessment, diagnosis and intervention of autism 28. People with mental health issues are more likely to have substance use disorders. 29. A number of barriers are stopping people with a learning disability and sensory impairments from getting good quality healthcare 30. People with learning disabilities more prone to higher levels of obesity 31. Difficulty accessing specialist services for diagnosis, treatment and drugs for rare diseases.	• Department of Health Autism Strategy Equality Screening • Mencap.org Research and Statistics Health Inequalities • World Health Organisation – factsheets- disability • Department of Health – mental health and learning disabilities • NI Assembly Research paper- Health inequalities and people with a learning disability 2013 • NLM- do people with disabilities experience disparities in Cancer Care • Department of Health- Autism Strategy and action plan • Department of Health Autism in school age children 2023 • Factsheets — Autism NI • Autism NI Autistic Girls and Women • Department of Health – Health inequalities statistics • Department of Health Cancer Strategy Equality Impact Assessment • Institute of Public Health- smoking and mental health, exploration of data in N. Ireland. • Department of Health Substance Use Equality Screening

S75 Group affected	POTENTIAL/EMERGING INEQUALITIES IDENTIFIED	SUMMARY OF EVIDENCE SOURCES
		• Mental Health Foundation – people with learning disabilities: statistics • Mencap.org Learning Disabilities • Sage Journal conceptual model of hearing health inequalities • RNID • NI Assembly – Learning Disability in Northern Ireland • NHS England- health and care of people with learning disabilities • Gov.UK Obesity and Weight Management or people with Learning Disabilities • Department of Health- Rare Diseases Action plan 2023 • Gov.uk – Genome UK Future of Healthcare
MARITAL STATUS	32. Higher suicide rate with a marital status of divorced or single than those who are widowed or married. 33. Widowed or surviving from a civil partnership is the highest self- reported to be in bad or very bad health	• Health survey Northern Ireland | Department of Health • JRF – Poverty in Northern Ireland 2022 • NISRA Census 2021 • NISRA Suicide statistics 2022 • Department of Health Protect Life 2 Strategy
PERSONS WITH DEPENDENTS AND PERSONS WITHOUT	34. Carers suffer from higher levels of ill health including increased stress and mental health issues and increased social isolation 35. Older carers who provide care have poor health in comparison to those of the same age who are not care givers.	• ECNI Programme for Government priorities • Carers UK Health • Department of Health – Caring for carers • State of Caring Report – Carers UK • State of Caring 2023 Northern Ireland Carers UK

S75 Group affected	POTENTIAL/EMERGING INEQUALITIES IDENTIFIED	SUMMARY OF EVIDENCE SOURCES
RACIAL GROUP	36. Patients including refugees and asylum seekers and other newcomers may be less able to access health and social care services and often have poorer health outcomes. 37. Difficulty accessing emotional and mental health support for minority ethnic groups 38. Minority ethnic groups including Irish Travellers have higher infant mortality rates 39. There are high suicide rates particularly among male Irish Travellers. 40. Ethnic minorities experience inequalities in access to care, treatment and guidance for diabetes. 41. Minority ethnic groups healthcare and end of life care may not be meeting cultural needs. 42. Minority ethnic groups accessing less or presenting later for essential ante-natal and post-natal maternity health services 43. Older people and some ethnic minorities (Black people and South Asian people) have a higher risk of stroke if they suffer from dementia.	• All Ireland Traveller Health Study • Healthwatch – focus on inequalities to address NHS waiting list • Health Alliance NI Ethnic Minority Communities • The Executive Office – Refugee Integration Strategy • Mental Health Champion fundamental facts 2023 • NISRA Build Table Census 2021 • Department of Health; Health Survey 2021/22 • NLM paper children and young people from ethnic minorities in accessing mental health care. • Public Health Agency – Mental Health of Travellers • https://www.diabetes.org.uk/about-us/news-and-views/calling-on-government-fight-health-inequality • NI Assembly Mental Health in Northern Ireland paper 2017 • NLM paper self-harm and suicide-related ideation among Irish Traveller • Department of Health Mental Health Strategy • Economic and Social Research institute unequal chances? • Diabetes UK – Northern Ireland • Department of Health Diabetes Framework • Diabetes UK Facts and stats • Science Direct Paper Barriers to Irish Women attending Breast Screening • RCN - State of Maternity Services 2023 • Maternity Action.org Experiences pregnant women seeking asylum • BAME experiences of UK Maternity services • Public Health Agency profile of children's health 2021/22

S75 Group affected	POTENTIAL/EMERGING INEQUALITIES IDENTIFIED	SUMMARY OF EVIDENCE SOURCES
		• Marie Curie BAME Palliative and end of life care • Stroke Action Plan | Department of Health • Ethnicity and Stroke | Different Strokes • Shiekh SI, Forbes H, Mathur R*, et al* Ethnicity and risk of diagnosed dementia after stroke: a cohort study using the Clinical Practice Research Datalink, *J Epidemiol Community Health* 2020;**74:**114-119
RELIGIOUS BELIEF	No robust evidence of health inequalities identified.	
POLITICAL OPINION	No robust evidence of health inequalities identified.	

13. APPENDIX A

Census 2021 data to General Health

The following tables have been produced from Census 2021 data on the NISRA Flexible Table Builder (https://build.nisra.gov.uk/en/). The census collected information on the usually resident population of Northern Ireland on Census Day (21 March 2021). Census statistics are produced by the Northern Ireland Statistics and Research Agency free from political influence and have been assessed as National Statistics by the Office for Statistics Regulation**.**

Note: the tables below contain data on Self-reported general health.

Table 1. General Health by Ethnic Group

This table provides Census 2021 estimates that classify People by Health in General (3 Categories) by Ethnic Group (5 Categories) for Northern Ireland.

Ethnic Group - 5 Categories Label	Self-reported General Health	
	% Good or Very Good	% Bad or Very Bad
Asian	89%	3%
Black	91%	2%
Mixed	90%	3%
Other	77%	11%
White	78%	8%

Source: Census 2021 Flexible Table Builder, NISRA

Table 2. General health by Racial Equality Group

This table provides Census 2021 estimates that classify People by Health in General (3 Categories) by Racial Equality Group (3 Categories) for Northern Ireland.

Racial Equality Group - 3 Categories Label	Self-reported General Health	
	% Good or Very Good	% Bad or Very Bad
Non-white ethnicity	88%	4%
White ethnicity: all others	87%	4%
White ethnicity: British/Irish/Northern Irish only and Christian/no religion/religion not stated	78%	8%

Source: Census 2021 Flexible Table Builder, NISRA

Table 3. General Health by Adult Life Stage

This table provides Census 2021 estimates that classify People by Health in General (3 Categories) by Adult Life Stage (adults aged 16 to 65 with or without dependent children in household) for Northern Ireland.

	Self-reported General Health	
Life Stage	% Good or Very Good	% Bad or Very Bad
Dependants	87%	4%
No Dependants	75%	10%

Source: Census 2021 Flexible Table Builder, NISRA

Table 4. General health by Religion

This table provides Census 2021 estimates that classify People by Health in General (3 Categories) by Religion (4 Categories) for Northern Ireland.

	Self-reported General Health	
Religion - 4 Categories Label	% Good or Very Good	% Bad or Very Bad
Catholic	80%	8%
No religion/religion not stated	81%	6%
Other religions	82%	7%
Protestant and Other Christian (including Christian related)	76%	8%

Source: Census 2021 Flexible Table Builder, NISRA

Table 5. General health by Religion (brought up in)

This table provides Census 2021 estimates that classify People by Health in General (3 Categories) by religion or the religion a person was brought up in for Northern Ireland.

	Self-reported General Health	
Religion or Religion Brought Up In Label	% Good or Very Good	% Bad or Very Bad
Catholic	80%	8%
None	86%	5%
Other religions	82%	6%
Protestant and Other Christian (including Christian related)	76%	8%

Source: Census 2021 Flexible Table Builder, NISRA

Table 6. General Health by Sex

This table provides Census 2021 estimates that classify People by Health in General (3 Categories) by sex for Northern Ireland.

Sex	Self-reported General Health	
	% Good or Very Good	% Bad or Very Bad
Male	80%	7%
Female	78%	8%

Source: Census 2021 Flexible Table Builder, NISRA

Table 7. General Health by Sexual Orientation (2 Category)

This table provides Census 2021 estimates that classify People by Health in General (3 Categories) by Sexual Orientation for Northern Ireland.

Sexual Orientation	Self-reported General Health	
	% Good or Very Good	% Bad or Very Bad
Gay, lesbian, bisexual, other sexual orientation	76%	8%
Prefer not to say/Not stated	64%	14%
Straight or heterosexual	75%	9%

Source: Census 2021 Flexible Table Builder, NISRA

Table 8. General health by Marital & Civil Partnership Status

This table provides Census 2021 estimates that classify People by Health in General (3 Categories) by Marital and Civil Partnership Status for Northern Ireland.

Marital and Civil Partnership Status	Self-reported General Health	
	% Good or Very Good	% Bad or Very Bad
Divorced or formerly in a civil partnership which is now legally dissolved	56%	20%
Married or in a civil partnership	76%	8%
Separated (but still legally married or still legally in a civil partnership)	60%	19%
Single (never married or never registered a civil partnership)	81%	7%
Widowed or surviving partner from a civil partnership	42%	21%

Source: Census 2021 Flexible Table Builder, NISRA

Table 9. Life Expectancy by Sex (2020-22)

This table provides Life Expectancy estimates by Sex for Northern Ireland.

Sex	Life Expectancy at Birth	Life Expectancy at Age 65
Male	78.4 years	18.3 years
Female	82.3 years	20.6 years

Source: Information Analysis Directorate, DoH, NI

14. APPENDIX B

Summary of population level data from the NI Census 2021 By Section 75 Category

Census 2021 main statistics for Northern Ireland (phase 1) | Northern Ireland Statistics and Research Agency (nisra.gov.uk)

Age and Gender (men and women generally)

The population of Northern Ireland on census day, 21 March 2021, was 1,903,174, up from 1,810,863 in 2011. The NI population was comprised of 51% females (970,619) and 49% males (932,556). On census day 2021, there were 365,213 children (aged 0 to 14) or 19% of the population compared with 20% in 2011. Those aged 65 and over represented 17% (326,475) of the population in 2021 compared with 15% in 2011. The remaining 64% of the population, or 1,211,486people, were aged between 15 and 64 years in 2021.

Between Persons with a disability and persons without

The 2021 census data reported that 24% of resident population had a self-assessment of a long-term health problem or disability that limited daily activities and has lasted or expected to last at least 12 months. It includes problems due to old age with 57% of those aged 65 and over indicating that they had a long-term health problem or disability compared with 13% of those aged 15-39. The census 2021 figures regarding self-assessment of long term health conditions that has or expected to last at least 12 months e.g. deafness, mobility difficulty that requires use of a wheelchair and learning disability is 35% of the population with either 1, 2, or 3+ conditions. The difference is that the higher figure includes people who have long-term health conditions which **do not limit** their daily activities**,** whereas 35% of people have long-term health conditions or disabilities **that do limit** their daily activities.

Between persons with dependents and persons without

From the 2021 Census 6% of the population provide 1-19hrs unpaid care to persons aged 5 and over, 3% provide 20-49 hours and 4% 50+ hours. Approximately 222,000 people (12% of residents) were providing some form of unpaid care in 2021 compared with 214,000 people (13% of residents) who were providing some form of unpaid care in 2011. Those aged 40-64 accounted for 56% of the unpaid care provided in 2021.

Census shows that the numbers of households who have dependent children aged 0-15yrs or aged 16-18yrs (in full time education and living with parent/grandparent) was 12% households with 1 dependent child, 12% with 2 dependent children and 7% with 3 or more dependent children.

Marital Status

Results from the 2021 Census indicate that almost half the population i.e. 46% of those aged 16 or over were married or in a civil partnership and over a third (38%) were single (never married/civil partnership). 16% of the adult population were separated, divorced or widowed. The proportion of the NI adult population who were single increased from 36% in 2011 with a corresponding reduction in the share who were married from 48% at the time of the previous census.

Religious belief

In 2021, the main religions were: Catholic (42%); Presbyterian (17%); Church of Ireland (12%); Methodist (2%); Other Christian denominations (7%); and Other religions (1%).

In addition, 17% of the NI population had ‘No religion’ compared with 2011 when 10.1% had ‘No religion’.

Racial group

On Census Day 2021 3% of the population, or 57,095 people, belonged to other ethnic groups. This is around double the 2011 figure of 1.8% – 32,400 people. However, it is significantly lower than the rate in England of 19%.

Sexual orientation

From the Census 2021 results of persons over 16yrs, 90% responded as straight or heterosexual and 2% gay, lesbian, bisexual or other sexual orientation. The remaining 7% were “prefer not to say” or “not stated”.

Political opinion

The census did not ask a question about political opinion therefore no data is available.