

Under temaet: **Social ulighed i sundhed – målgrupper, målsætninger og virkemidler**

Title: Inequalities in rehabilitation – is inequalities in public health!

Type of presentation: Workshop

Moderators:

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Background

Inequality in rehabilitation can be defined as unintended or systematic neglect of certain groups. Researchers point to age, gender and socioeconomic inequality in access, counseling, assessment and intervention in rehabilitation across diagnoses. For instance, it has been shown that women with lower levels of education compared to women with higher education are less often selected for rehabilitation programs. Furthermore, social inequality has been shown to be associated with occupational reintegration outcomes, and with access to rehabilitation in general. In addition it is found that, those from lower social classes returned to work later than those from higher social classes. In this light, it can be assumed that not only differential allocation of patients to rehabilitation interventions but also the specific contents of these interventions should be modeled on the basis of economic criteria, age and gender. This workshop will provide examples of inequality in rehabilitation as well as in vocational rehabilitation.

Theoretical framework and methodology:

Rehabilitation is focusing on the improvement of functioning with full and effective participation in society as the ultimate aim. Participation in society includes studying, working and access to other services on the same basis as other persons.

Theoretically rehabilitation is based on the terms and concepts of the International Classification of Functioning, Disability and Health (ICF) that provides a widely accepted biopsychosocial model of human functioning.

Rehabilitation is a multi-disciplinary intervention and integrated action is a prerequisite for successful rehabilitation. The biopsychosocial approach characterizes the interaction between the health care provider and the person as a partnership. A shared understanding of definition and concepts is of the utmost importance for biopsychosocial rehabilitation. The base of rehabilitation is assessment, goalsetting and intervention planning that needs to be a shared process between the person, relatives and the multi-disciplinary team.

Main results and conclusions: Presentation of four studies focusing on inequalities. We will include results from intervention studies and surveys in different areas. The results will illustrate rehabilitation interventions in daily life and work participation.

Implications for further research, policy or practice: The overall aim of the symposium is to stimulate to discussion and further Nordic collaboration on inequalities in rehabilitation. The symposium will give input in order to prioritize actions and methods on what should be weighted to reduce social inequalities in rehabilitation.

Key references

- 1) WHO, World Health Organization. ICF - International classification of functioning, disability and health. Geneva: World Health Organization; 2001.
- 2) Yeh HJ, Nicole Huang P, Chou YJ, Cheng SP, Lee WK, Lai CC, Cheng CC. Older age, low socioeconomic status, and multiple comorbidities lower the probability of receiving inpatient rehabilitation half a year after stroke. *Arch Phys Med Rehabil*. 2016 Sep 12. pii: S0003-9993(16)30960-1. doi: 10.1016/j.apmr.2016.08.468. [Epub ahead of print].
- 3) Hamberg K, Risberg G, Johansson EE, Westman G. Gender bias in physicians' management of neck pain: a study of the answers in a Swedish national examination. *J Womens Health Gend Based Med* 2002; 11: 653-66.
- 4) Raine R. Does gender bias exist in the use of specialist health care? *J Health Serv Res Policy* 2000; 5: 237-49.
- 5) Hammarström A, Haukenes I, Fjellman Wiklund A, Lehti A, Wiklund M, Evengård B, et al. Low-educated women with chronic pain were less often selected to multidisciplinary rehabilitation programs. *PLoS One* 2014; 9: e9713420.
- 6) Stålnacke B, Haukenes I, Lehti A, Fjellman Wiklund A, Wiklund M, Hammarström A. Is there a gender bias in the recommendations for further rehabilitation in primary care of patients with chronic pain after an interdisciplinary team assessment? *J Rehabil Med* 2015; 47: 36571.