Tackling health inequalities

Institute of Health Equity
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Covering...

- Health inequalities and Social Determinants
- Changing context - policy and economy
- Tackling health inequalities in new system
Health inequalities and Social Determinants
Figure 1 Life expectancy and disability-free life expectancy (DFLE) at birth, persons by neighbourhood income level, England, 1999–2003

Source: Office for National Statistics

Legend:
- Green dots: Life expectancy
- Green line: DFLE
- Black dots: Pension age increase 2026–2046

Note: Population percentiles range from 0 to 100, with the lowest quartile on the left (Most deprived) and the highest quartile on the right (Least deprived).
• Health inequalities are **not** inevitable or immutable

• Health inequalities result from social inequalities - ‘causes of the causes’ – *the social determinants*

• Focusing **solely** on most disadvantaged will not be sufficient - need ‘*proportionate universalism*’

• Reducing health inequalities vital to economy - cost of inaction
Inequalities in male life expectancy within local authority areas, 2008-2010

<table>
<thead>
<tr>
<th>Largest inequalities</th>
<th>Smallest inequalities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Westminster</td>
<td>16.9 (84)</td>
</tr>
<tr>
<td>Stockton-on-Tees</td>
<td>15.3 (78)</td>
</tr>
<tr>
<td>Middlesbrough</td>
<td>14.8 (76)</td>
</tr>
<tr>
<td>Wirral</td>
<td>14.6 (77)</td>
</tr>
<tr>
<td>4.8 (79)</td>
<td></td>
</tr>
<tr>
<td>Darlington</td>
<td>14.6 (77)</td>
</tr>
<tr>
<td>Newcastle-u-Tyne</td>
<td>13.7 (77)</td>
</tr>
</tbody>
</table>

Figures in parentheses show life expectancy of the area
Proportionate universalism

Proportionate targeting = greater change in gradient
Figure 5: Action across the life course

**Areas of action**

- Sustainable communities and places

**Healthy Standard of Living**

- Early Years
- Skills Development
- Employment and Work
- Prevention

**Life Course**

Accumulation of positive and negative effects on health and wellbeing

**Life course stages**

- Prenatal
- Pre-School
- School
- Training
- Employment
- Retirement
- Family Building
Cost of Inaction

• In England, dying prematurely each year as a result of health inequalities, between 1.3 and 2.5 million extra years of life.

• **Cost of doing nothing**
  – productivity losses of £31-33B
  – reduced tax revenue and higher welfare payments of £20-32B
  – increased treatment costs well in excess of £5B.
Policy Objectives: The Social Determinants of Health

A. Give every child the best start in life
B. Enable all children, young people and adults to maximise their capabilities and have control over their lives.
C. Create fair employment and good work for all
D. Ensure a healthy standard of living for all
E. Create and develop healthy and sustainable places and communities
F. Strengthen the role and impact of ill-health prevention
Figure 7 Standardised limiting illness rates in 2001 at ages 16–74, by education level recorded in 2001

Note: Vertical bars (I) represent confidence intervals.
Source: Office for National Statistics Longitudinal Study 18
Figure 6 Inequality in early cognitive development of children in the 1970 British Cohort Study, at ages 22 months to 10 years

Average position in distribution

High Q at 22m

Low Q at 22m

Note: Q = cognitive score
Source: 1970 British Cohort Study

High socioeconomic status
Low socioeconomic status
Children achieving a good level of development at age five, local authorities 2011

Good level of development at age 5

%
% of families reading to their children every day and level of TV viewing by socio–economic status

Figure 2.20 Links between socioeconomic status and factors affecting child development, 2003–4

- **Birth weight**
  - Kg
  - Lowest, 2, 3, 4, Highest

- **Mother suffered post-natal depression**
  - Percent
  - Lowest, 2, 3, 4, Highest

- **Read to every day at age 3**
  - Percent
  - Lowest, 2, 3, 4, Highest

- **Regular bed times at age 3**
  - Percent
  - Lowest, 2, 3, 4, Highest

Source: Department for Children, Schools and Families
Areas for outcomes:

- **Development**
  - Cognitive
  - Communication & language
  - Social & emotional
  - Physical

- **Parenting**
  - Safe and healthy environment
  - Active learning
  - Positive parenting

- **Parent’s lives**
  - Mental wellbeing
  - Knowledge & skills
  - Financially self-supporting

21 Proposed outcomes see page 8
Birmingham Brighter Futures

• Aims to improve the lives of all the city's children and young people;
• Focus on improving children’s physical health, literacy and numeracy, behaviour, emotional health, social literacy, and job skills.
• Specific programmes relevant to early years include: Family Nurse Partnership (FNP), Incredible Years Parenting Programme, Promoting Alternative Thinking Strategies (PATHS), Triple P Parenting Programme.
Percentage of 5-year-olds achieving good development score* in Birmingham Local Authority, the West Midlands region and England.

* in personal, social and emotional development and communication, language and literacy. Source: Department of Education.
Changing context – welfare and economic
Evidence from previous economic downturns suggests that population health will be affected:

- More suicides and attempted suicides; possibly more homicides and domestic violence
- Fewer road traffic fatalities
- An increase in mental health problems, including depression and possibly lower levels of wellbeing
- Worse infectious disease outcomes such as TB + HIV
- Negative longer-term mortality effects
- **Health inequalities are likely to widen**
Impact of the welfare reforms

• £18 billions welfare savings
• Intended to strengthen incentives to work, but there is a shortage of jobs.
• Many households face reduced benefits – lower incomes, harder to cover housing costs.
• Affects low-income households, in particular:
  – Workless households and those in >16 hours/week low-paid work
  – Households with children
  – Lone parents, possibly also women in couples
  – Larger families
  – Some minority ethnic households
  – Disabled people who are reassessed as ineligible for the Personal Independence Payment
  – Private rented tenants.
Figure 5 Neighbourhoods affordable to Housing Benefit recipients in 2011 and 2016

2011

2016

Affordable with housing benefit
Unaffordable with housing benefit
Inner London
Outer London

Source: Fenton A (2011) Housing benefit reform and the spatial segregation of low-income households in London (84)
Rough sleeping counts and estimates by London and rest of England

Number

<table>
<thead>
<tr>
<th>Year</th>
<th>Rest of England</th>
<th>London</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>1353</td>
<td>415</td>
</tr>
<tr>
<td>2011</td>
<td>1735</td>
<td>446</td>
</tr>
<tr>
<td>2012</td>
<td>1752</td>
<td>557</td>
</tr>
</tbody>
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Housing Statistical Release Autumn 2012 DCLG
New System
JSNAs, HWBBs – making case and cross sector working

• Actions across life course
• Actions in social determinants on public health
• Proportionate universal
• Costs case - costs to individual, society and costs of doing nothing
• Joined agendas – win wins
• HWBBs leading action (and department of health leading action)
Early Years
E.g. Increase children and family services.

Employment and Work
E.g. Address stress at work.

Education and Skill Development
E.g. Reduce the number of NEETs.

Prevention and Regulation
E.g. Smoking ban in public places.

Standard of Living
E.g. Tackling debt problems.

Communities and Places
E.g. Reducing environmental inequalities.

Delivery system
E.g. BLT Strategy

Delivery system
E.g. Swansea and Wrexham

Delivery system
E.g. Birmingham Brighter Futures

Equity
E.g. Reducing population groups’ differences in PPHCs

Downstream interventions

E.g. Free NRT
E.g. Advertising campaigns
E.g. School educational programmes
E.g. Weight management programmes
E.g. 5-a-day campaign
E.g. Stop smoking programmes
E.g. Stop smoking programmes
E.g. Feeling good about where you live

Framework
Working through the system - CCGs

• Health and Social Care Act requires CCGs and the NCB to have regard to reducing inequalities in access and outcomes in health.

• CCGs need to be informed by JSNAs and JHWS delivered by HWBs.

• What to do?
  – Contracts
  – Population based
  – Individuals
  – Working with local authorities and national domain.
Acute Trusts

- Examples of excellent practice – e.g. domestic violence, HIV patients and work
- Covered by Inequalities Duties
- Own workforce
The Role of Health Professionals in Tackling Health Inequalities: Action on the social determinants of health

- Practice
- Education
- Incentives, monitoring and requirements
- Statements of practice and commitments – royal colleges and BMA.

EG – referring to support, eg community advocates
Ambition and realism
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