

Health Inequalities: a system challenge

Jo Bibby and Nick Cavill

29 March 2019

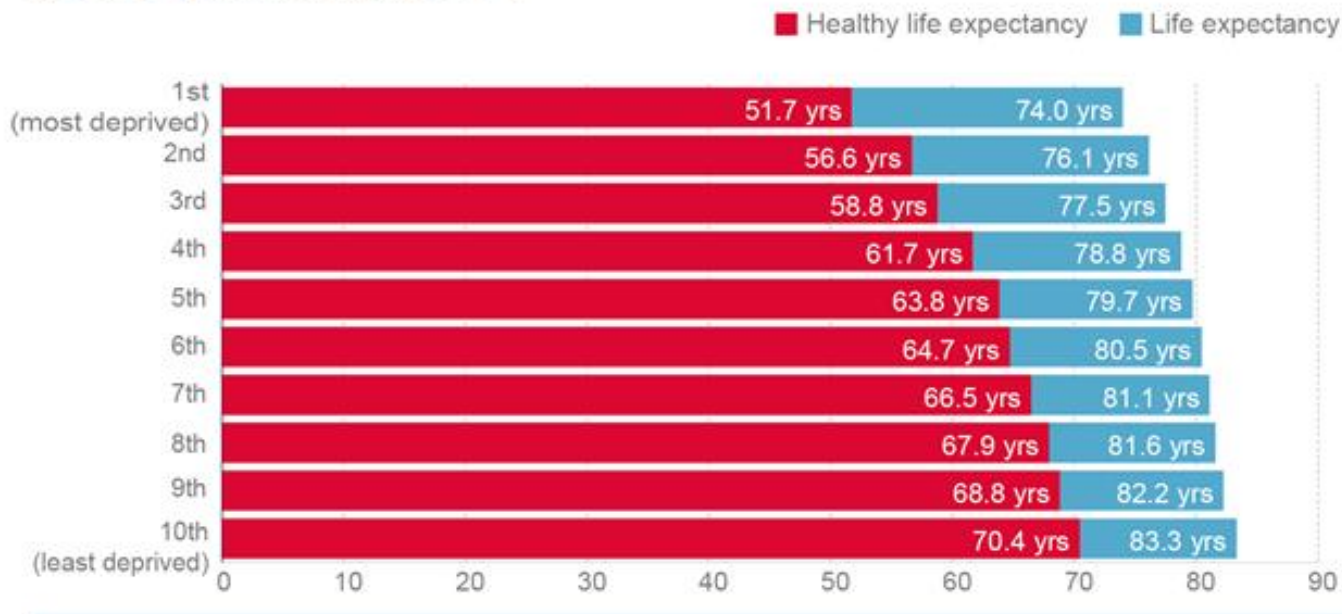


Health inequalities are
widening

Health inequalities growing

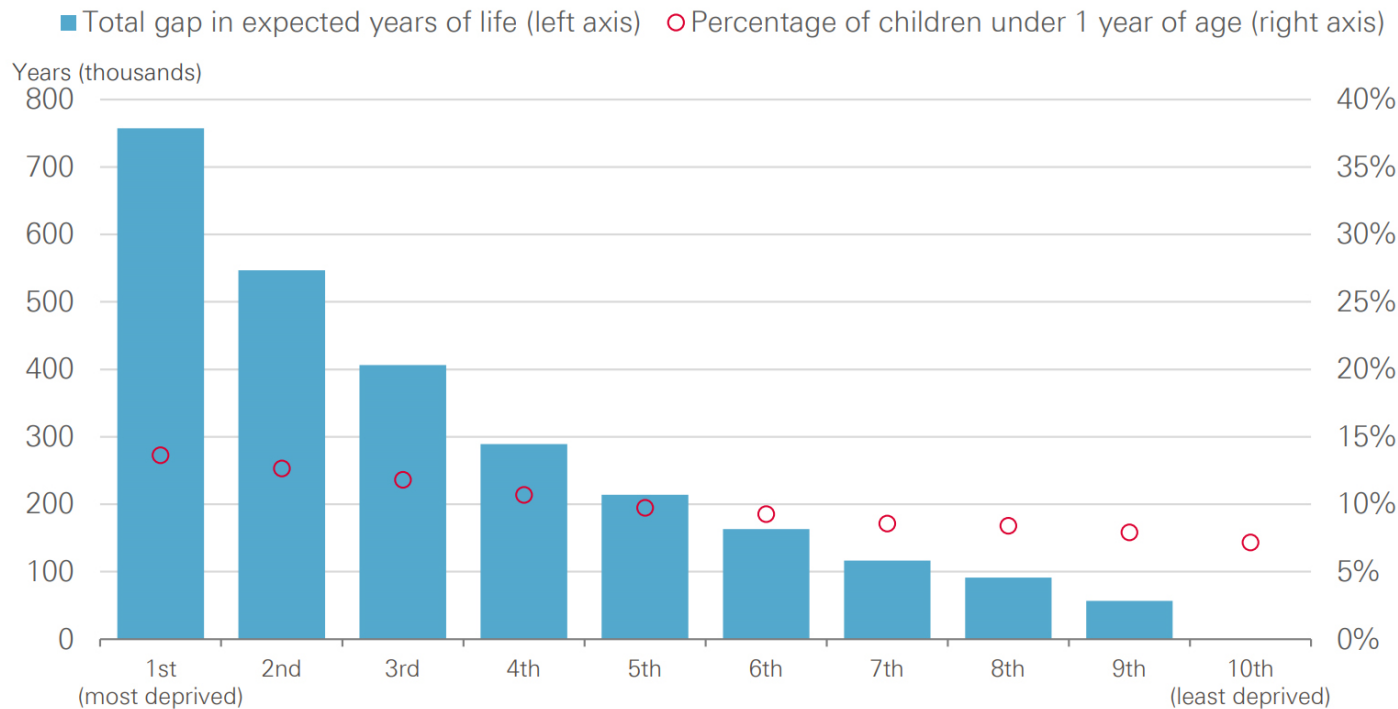
Male life expectancy and healthy life expectancy at birth

By decile of deprivation, England: 2015-17



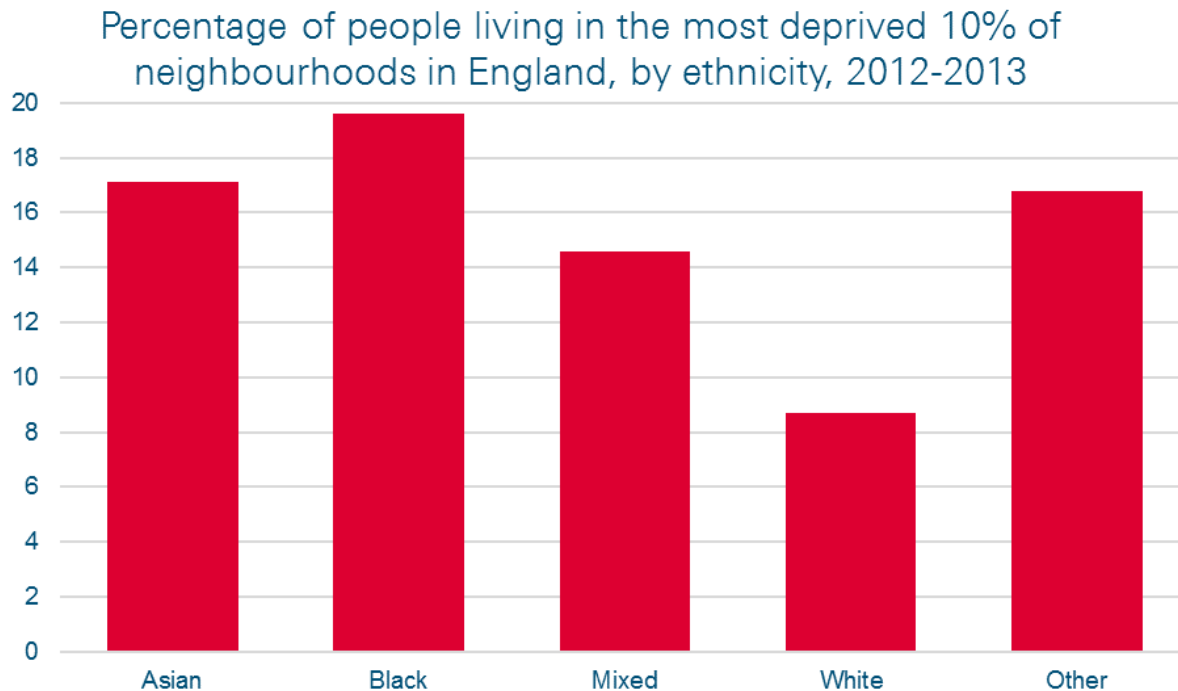
Source: The Health Foundation Analysis of 'Health state life expectancies by decile of deprivation, England and Wales: 2015 to 2017', ONS, 2019.

Years of life lost to poor health



Source: 'Technical appendix: The deprivation gap in expected years of life', The Health Foundation, 2019.

Differences by ethnicity



Source: 'People living in deprived neighbourhoods' Ministry of Housing, Communities and Local Government, 2018.

It doesn't have to be like this...

Research

Investigating the impact of the English health inequalities strategy: time trend analysis

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Intervention The English health inequalities strategy—a cross government strategy implemented between 1997 and 2010 to reduce health inequalities in England. Trends in geographical health inequalities were assessed before (1983-2003), during (2004-12), and after (2013-15) the strategy using segmented linear regression.

Main outcome measure Geographical health inequalities measured as the relative and absolute differences in male and female life expectancy at birth between the most deprived local authorities in England and the rest of the country.

Results Before the strategy the gap in male and female life expectancy between the most deprived local authorities in England and the rest of the country increased at a rate of 0.57 months each year (95% confidence interval 0.40 to 0.74 months) and 0.30 months each year (0.12 to 0.48 months). During the strategy period this trend reversed and the gap in life expectancy for men reduced by 0.91 months each year (0.54 to 1.27 months) and for women by 0.50 months each year (0.15 to 0.86 months). Since the end of the strategy period the inequality gap has increased again at a rate of 0.68 months each year (−0.20 to 1.56 months) for men and 0.31 months each year (−0.26 to 0.88) for women. By 2012 the gap in male life expectancy was 1.2 years smaller (95% confidence interval 0.8 to 1.5 years smaller) and the gap in female life expectancy was 0.6 years smaller (0.3 to 1.0 years smaller) than it would have been if the trends in inequalities before the strategy had continued.

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What did the strategy involve?

- Supporting families
- Engaging communities in tackling deprivation
- Improving prevention, treatment, and care
- Tackling the underlying social determinants of health
 - area based regeneration
 - introduction of the national minimum wage,
 - tax and benefit changes to reduce child poverty,
 - interventions to improve education, housing, and employment.

Conclusions

A comprehensive strategy characterised by:

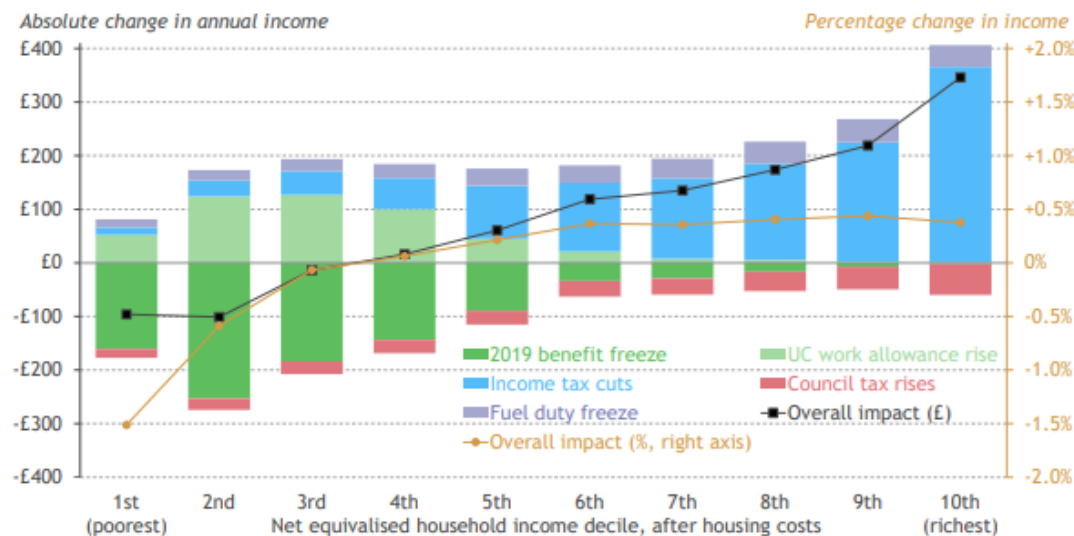
- *an increase in social investment targeted at the most deprived parts of the country,*
- *in conjunction with high level commitment from across government departments backed up by national targets,*

*could be **effective at reducing geographical health inequalities***

Where are we now on wider
determinants?

The poorest are worst off in terms of income changes

Change in disposable household income as a result of recent tax and benefit policy changes, 2019-20

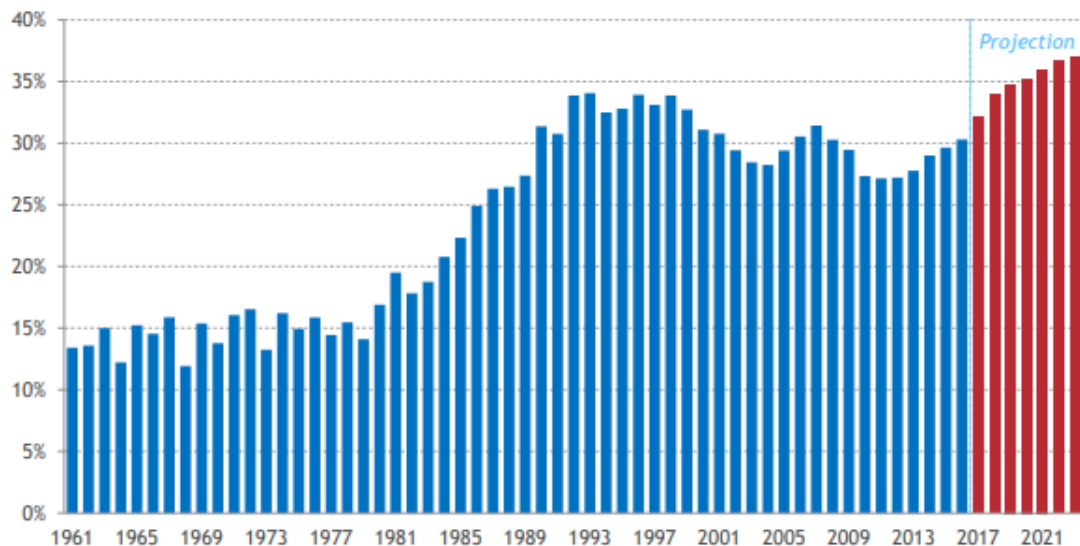


Notes: Assumes partial take-up and partial roll-out of UC. UC work allowance rise is a partial reversal of earlier cuts (not shown). Income tax cuts include related NICs changes.
 Source: RF analysis using the IPPR tax-benefit model with modifications. Fuel duty distributional impact uses ONS, *Effects of taxes and benefits on UK household income*.

Housing cost effects on those of lower income

Figure 26: Child poverty is heading back to highs not seen since the mid-90s, and may even surpass them

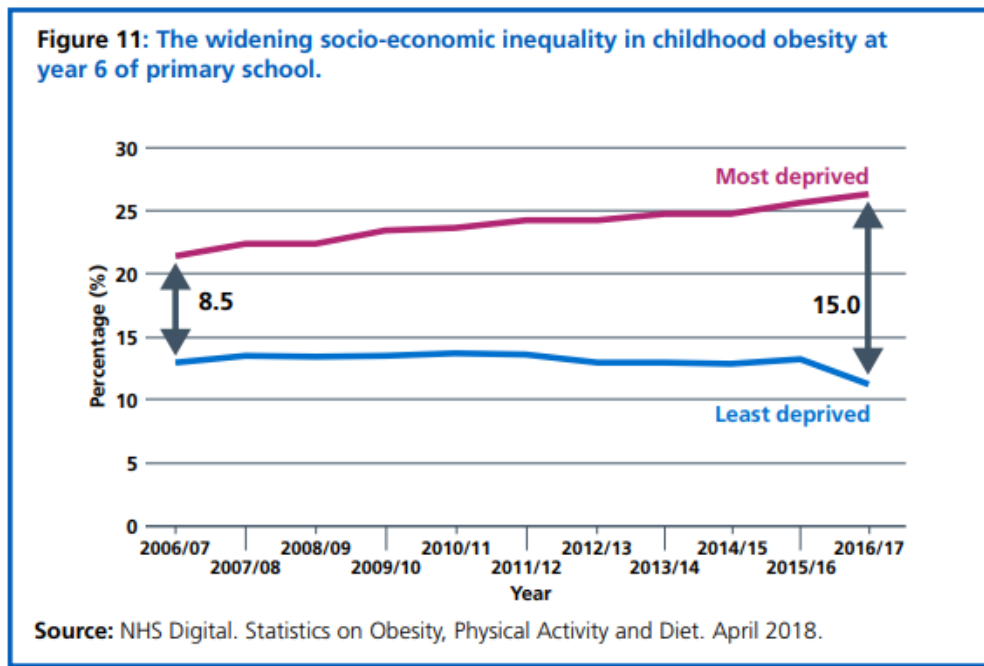
Proportion of children living in relative poverty (after housing costs)



Notes: Financial years after 1993. GB only before 2002-03.

Source: RF analysis of DWP, *Households Below Average Income*; RF projection; and IFS, *Living Standards, Inequality and Poverty*

Socioeconomic inequality in health



Growing recognition?

Department of Health & Social Care

Prevention is better than

Our vision to help you live well for longer

05 November 2018

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Health

Life expectancy drops among poorer women in England

27 March 2019

GETTY IMAGES

The life expectancy of women living in the poorest areas of England fell by 100 days in recent years, Office for National Statistics data suggests.

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England's life expectancy gap between rich and poor areas widens

Difference for women has grown more than for men, ONS study finds

Progress in improving overall life expectancy has stalled in the UK since 2011 © AFP



An effective custodian of the public's health

A collection of essays on six years of public health in local government

Choices that are made today will impact for generations to come



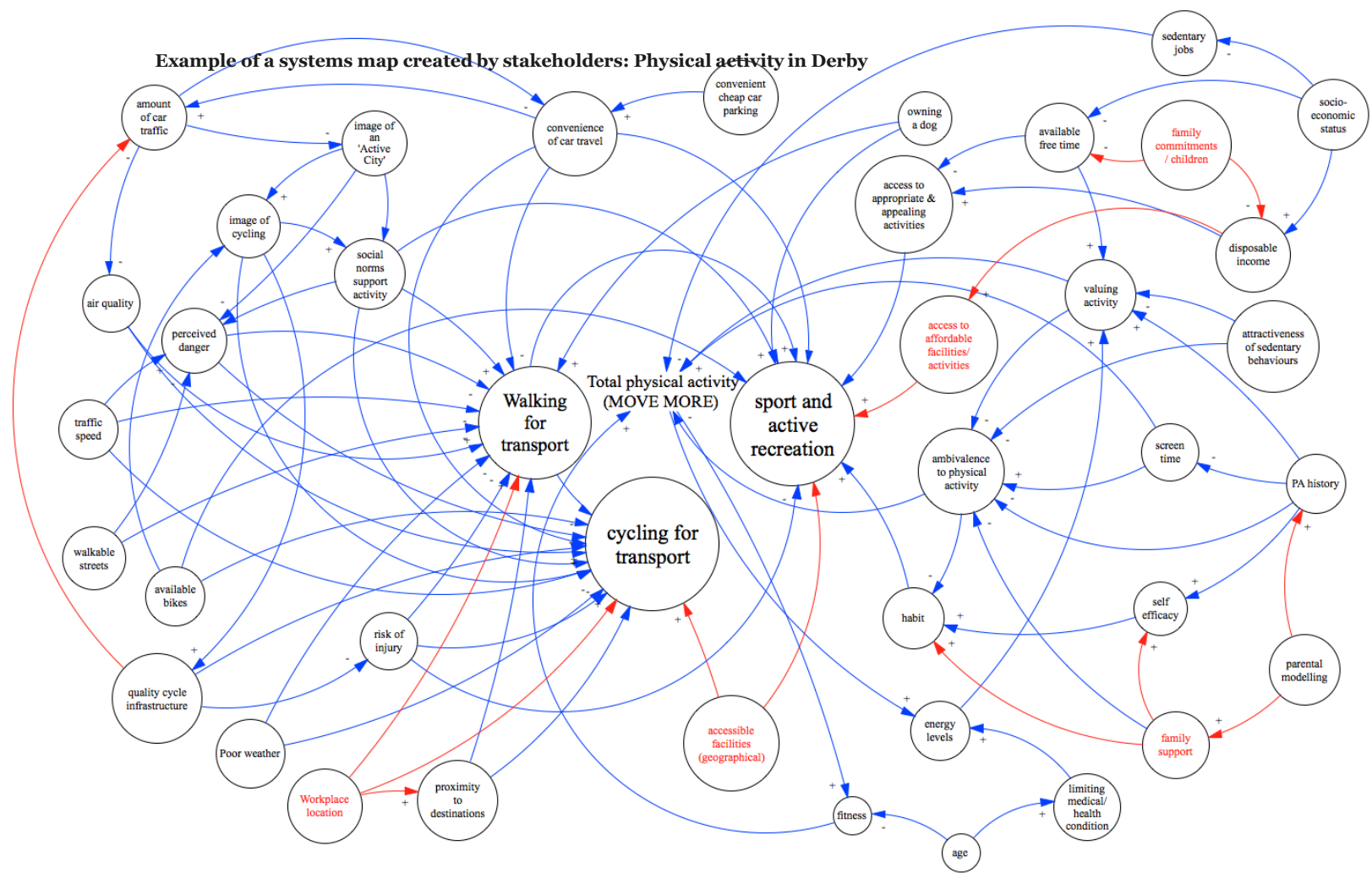
Professor Eugene Milne
Director of Public Health,
Newcastle City Council

In 2014, researchers in Utah reported that the US public believed 80 per cent of the increase in life expectancy between 1850 and 2011 was a consequence of health care, whereas any reasonable

“It is lazy thinking to blame social gradients of obesity or smoking on choice or lack of moral fibre among the poor and disadvantaged. Behaviours matter, but behaviours are shaped by environments, environments are shaped by societal choices and a key channel for those choices is local government.”

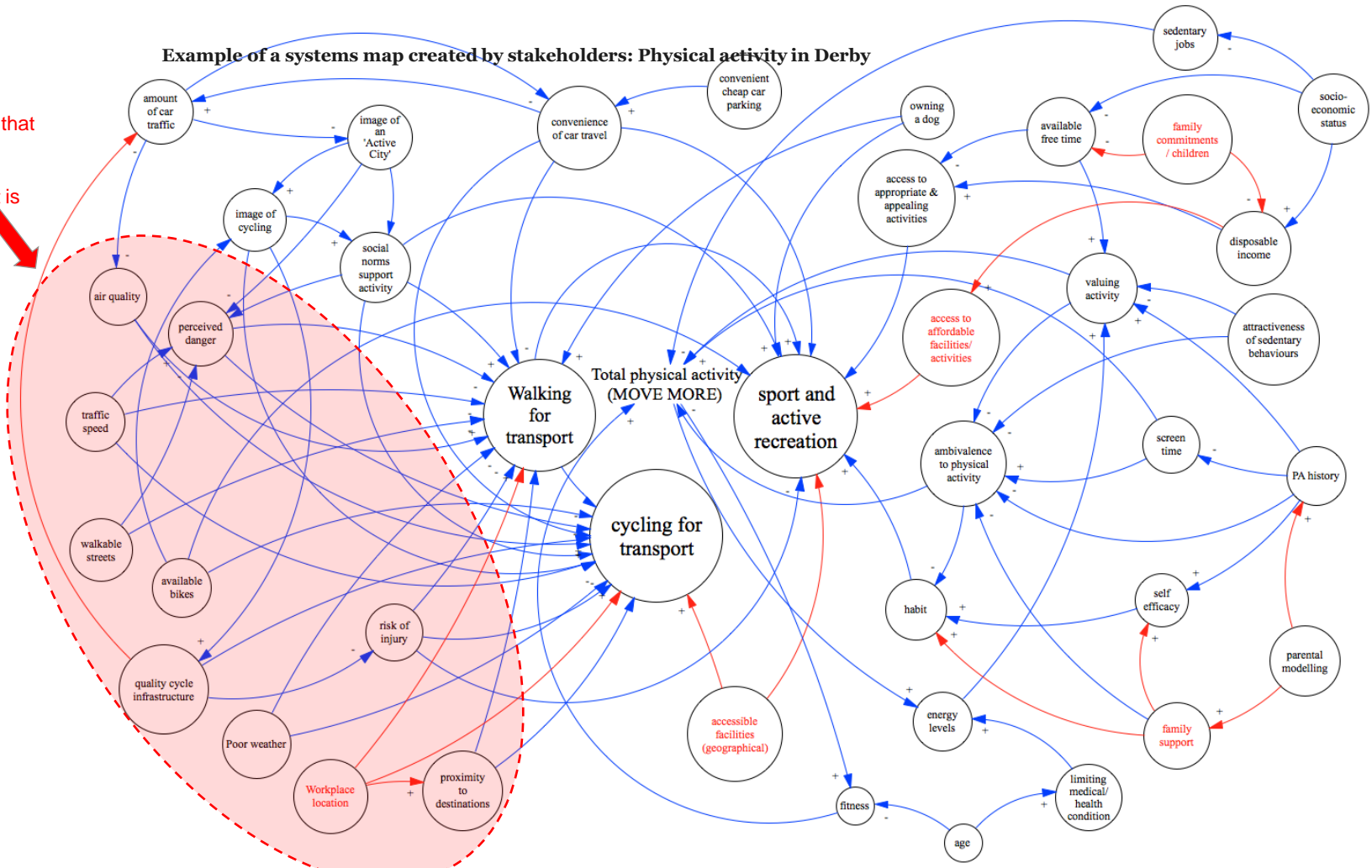
Understanding complex systems

Example of a systems map created by stakeholders: Physical activity in Derby

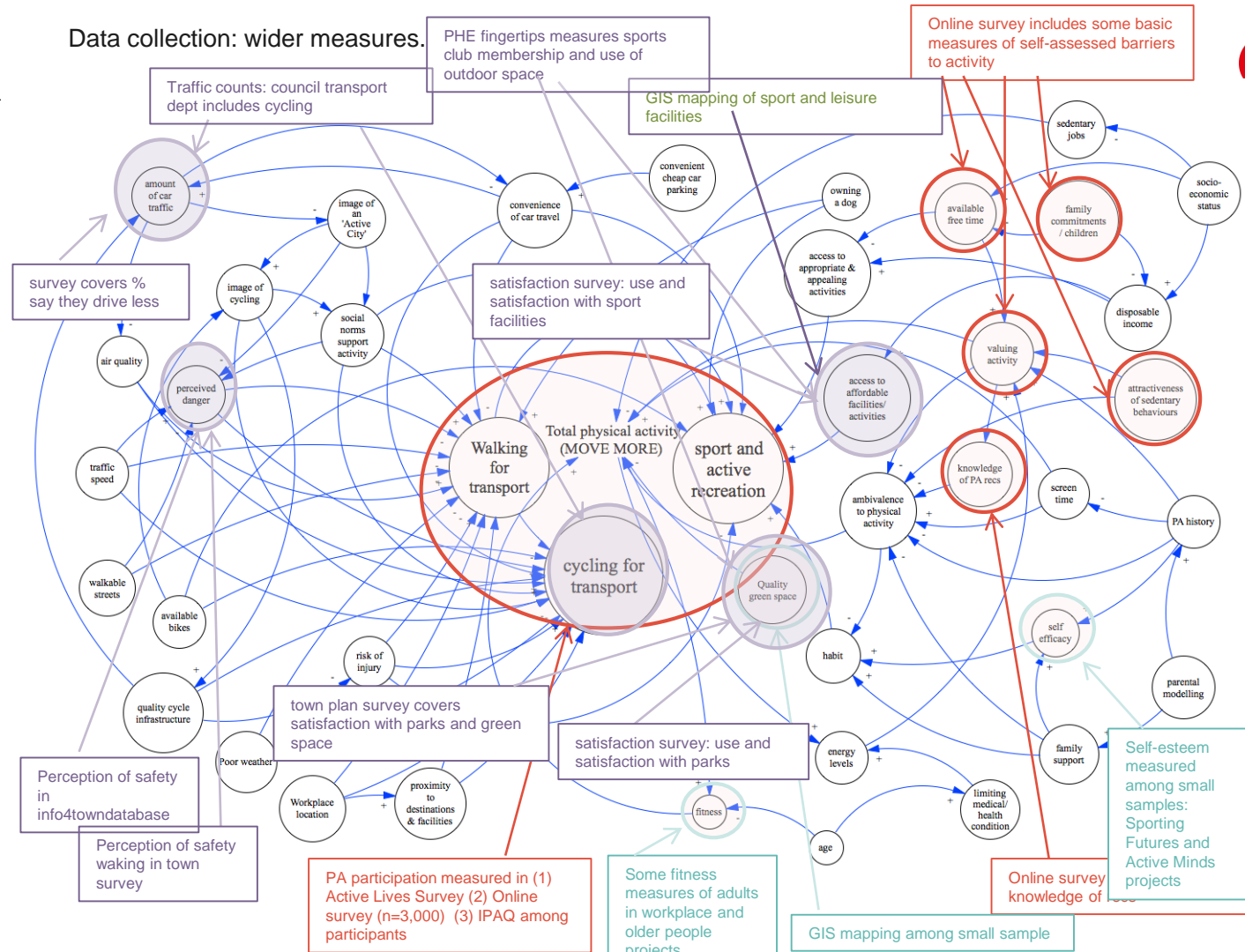


Example of a systems map created by stakeholders: Physical activity in Derby

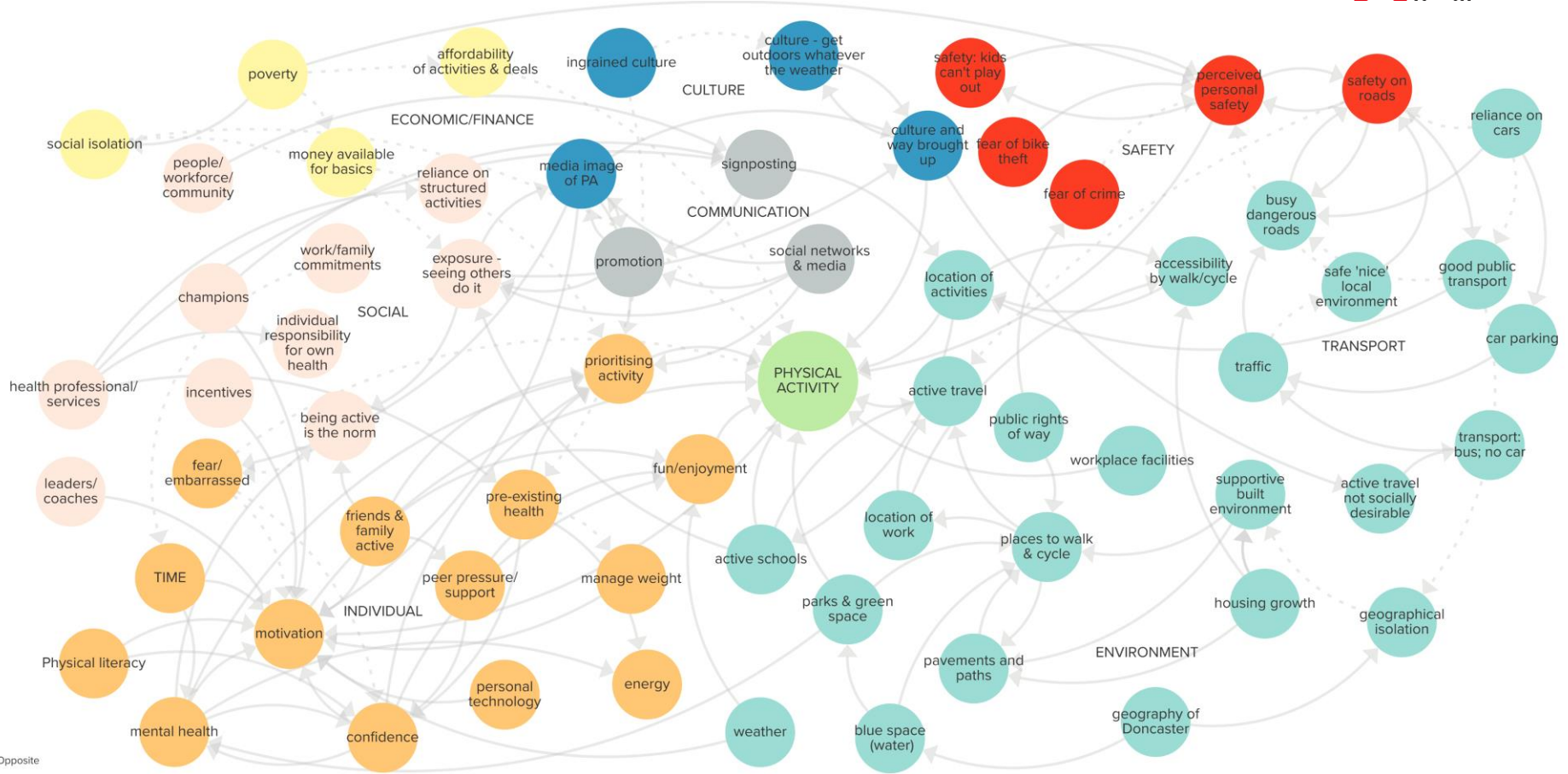
Recognition that the built and natural environment is critical



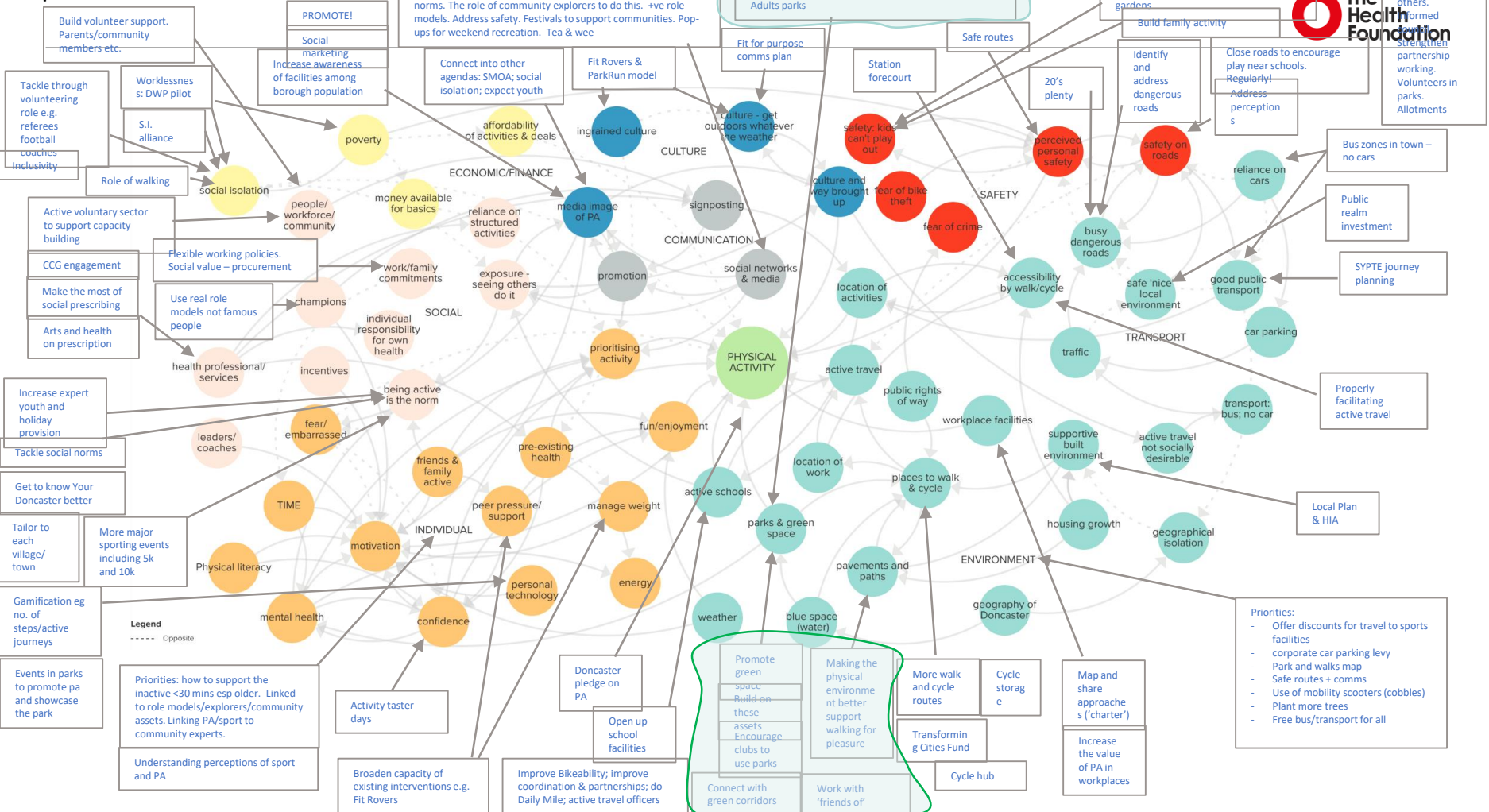
Data collection: wider measures.



Example Two: physical activity in Doncaster



Proposed actions: shorter-term



Priorities: communication/ social marketing/ engagement. Ensure inclusive comprehensive comms plan to change social norms. The role of community explorers to do this. +ve role models. Address safety. Festivals to support communities. Pops for weekend recreation. Tea & wee

Strategic allocation of funding for what/where to be developed. Parks/green spaces/assets. Health steps. Adults parks

Start early years. Family hubs. Nurseries. Safe places to play. Parks & gardens.

- Priorities:
- Offer discounts for travel to sports facilities
 - corporate car parking levy
 - Park and walks map
 - Safe routes + comms
 - Use of mobility scooters (cobble)
 - Plant more trees
 - Free bus/transport for all

Build volunteer support. Parents/community members etc.

PROMOTE!
Social marketing
Increase awareness of facilities among borough population

Connect to other agendas: SMOA; social isolation; expect youth

Fit Rovers & ParkRun model

Station forecourt

Safe routes

Build family activity

Identify and address dangerous roads

Close roads to encourage play near schools. Regularly! Address perceptions

Tackle through volunteering role e.g. referees football coaches
Inclusivity

Worklessness: DWP pilot
S.I. alliance

affordability of activities & deals
ingrained culture

Fit for purpose comms plan

culture - get outdoors whatever the weather

20's plenty

perceived personal safety

reliance on cars

Bus zones in town - no cars

Active voluntary sector to support capacity building
CCG engagement
Make the most of social prescribing
Arts and health on prescription

social isolation
people/workforce/community
Flexible working policies. Social value - procurement
Use real role models not famous people
champions
health professional/services
incentives

money available for basics
reliance on structured activities
work/family commitments
exposure - seeing others do it
individual responsibility for own health

media image of PA
signposting
social networks & media
promotion
prioritising activity

location of activities
active travel
public rights of way
workplace facilities

location of activities
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Increase expert youth and holiday provision
Tackle social norms
Get to know Your Doncaster better
Tailor to each village/town
More major sporting events including 5k and 10k

being active is the norm
fear/embarassed
leaders/coaches
Physical literacy
mental health
motivation
confidence

fun/enjoyment
pre-existing health
peer pressure/support
manage weight
energy
personal technology

active schools
parks & green space
weather
blue space (water)

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Gamification eg no. of steps/active journeys
Events in parks to promote pa and showcase the park

Physical literacy
mental health
motivation
confidence

personal technology
energy
personal technology

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weather
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Understanding perceptions of sport and PA

Activity taster days

Broaden capacity of existing interventions e.g. Fit Rovers
Improve Bikeability; improve coordination & partnerships; do Daily Mile; active travel officers

Doncaster pledge on PA
Open up school facilities

Promote green space
Build on these assets
Encourage clubs to use parks
Connect with green corridors

Making the physical environment better support walking for pleasure
Work with 'friends of'

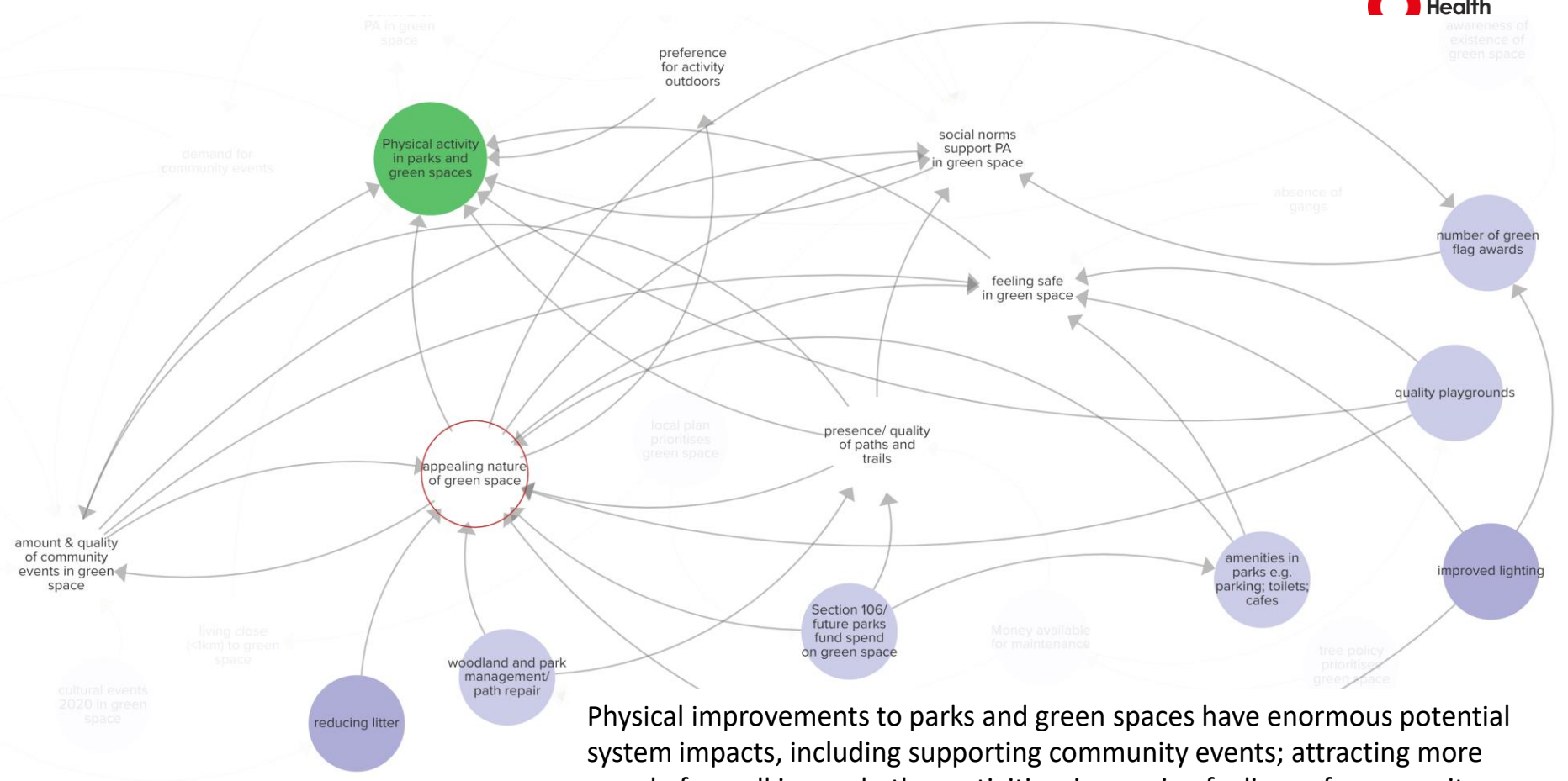
More walk and cycle routes
Cycle storage
Transforming Cities Fund
Cycle hub

Map and share approaches ('charter')
Increase the value of PA in workplaces

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Increase the value of PA in workplaces

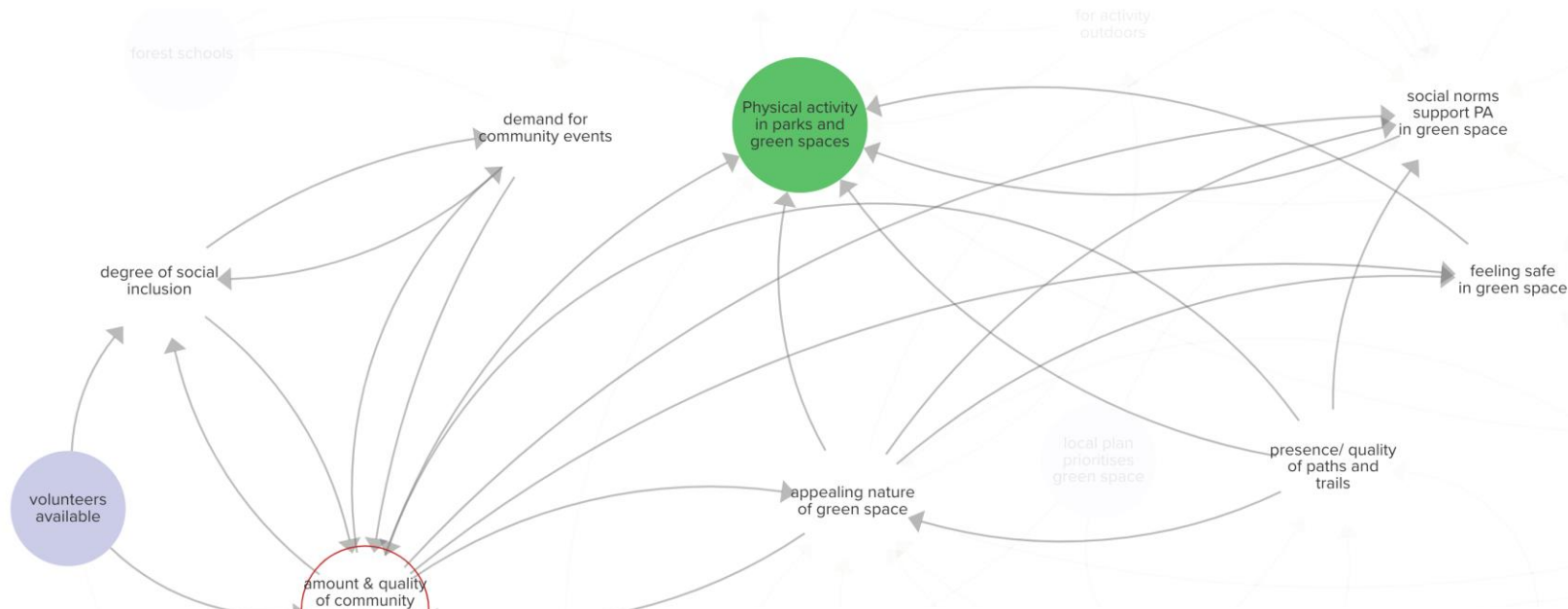
Legend
----- Opposite

Example of 'system actions'



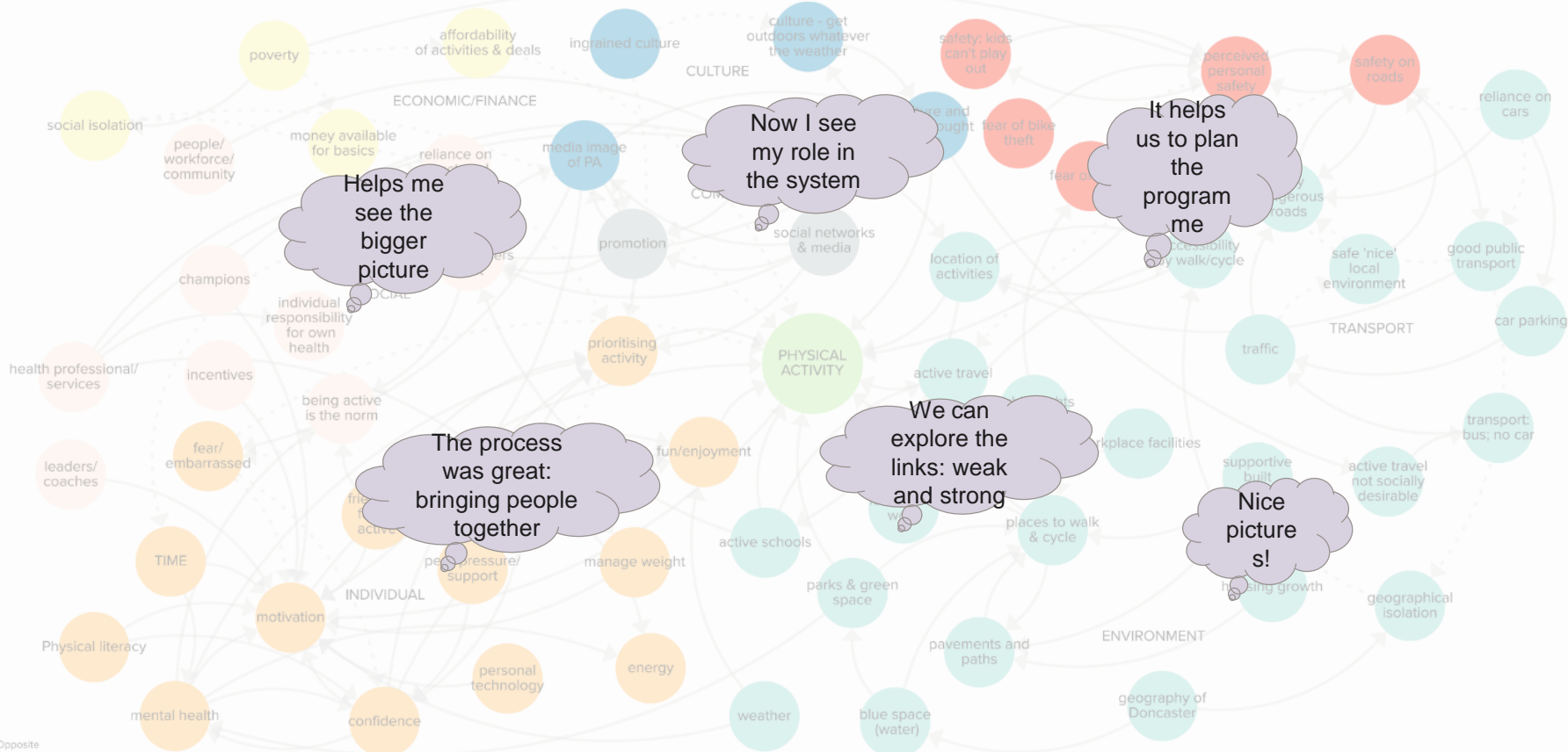
Physical improvements to parks and green spaces have enormous potential system impacts, including supporting community events; attracting more people for walking and other activities; increasing feelings of community and safety; influencing social norms.

Example of 'system actions'



- Legend**
- - - Opposite
 - Opportunities for intervention
 - Population outcome

Increasing the amount (and quality) of community events in green space (from Parkrun to picnics) helps social inclusion; increases the appeal of green space ; supports community social norms around activity (i.e. makes it more acceptable/normal) increases safety and in turn increases levels of physical activity



Outcomes

Increased understanding among stakeholders of the nature of complexity and the importance of taking a whole systems approach

Increased realisation that there are practical applications of systems theory

Focused practical recommendations for enhancements to the programme (or programme plan if new activity)

Focused practical recommendations for monitoring and evaluation

Responding to challenges in a
systems context





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