TAKING EFFECTIVE ACTION TO REDUCE HEALTH INEQUALITIES

EUREGIO III WORKSHOP 5
BRUSSELS
SEPTEMBER 2011

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WHO COLLABORATING CENTRE FOR POLICY RESEARCH ON SOCIAL DETERMINANTS OF HEALTH, UNIVERSITY OF LIVERPOOL, UK
GROWING RECOGNITION ACROSS EUROPE THAT ...

- Unacceptable and widening inequalities in health within European countries
- Concerted action is needed, made even more urgent by the predicted effects of the global economic downturn
- World Health Organisation resolutions urging action
- ECC 20 October 2009: ‘Solidarity in health: reducing health inequalities in the EU’
- EU Presidencies taking up the issue of tackling inequalities in health as a priority
**But what action? Five logical arguments**

- To take effective action, we first need to understand the causes of health inequalities
- Understanding causes will influence the kind of solution or intervention we propose
- Understanding the theory behind the intervention or policy being proposed: how and why it might work
- Is that reasoning based on evidence?
- Evaluate actual outcomes of interventions or policies, especially for their differential impact
Firstly - we need to understand the causes of inequalities in health to be able to devise effective action............

Health inequalities are...

“...caused by the unequal distribution of power, income, goods and services, globally and nationally,

the consequent unfairness in the immediate, visible circumstances of people’s lives – their access to health care, schools, and education, their conditions of work and leisure, their homes, communities, towns, or cities – and their chances of leading a flourishing life......

poor and unequal living conditions are the consequence of poor social policies and programmes, unfair social arrangements and bad politics”

THREE OVERARCHING RECOMMENDATIONS:

• Improve conditions of daily life

• Tackle the inequitable distribution of power, money and resources

• Measure and understand the problem and assess the impact of action
WHAT SHOULD BE MONITORED?

• Policies at different levels and in different sectors through health equity impact assessment:

“Competent, regular health equity impact assessment of all policy-making and market regulation should be institutionalized nationally and internationally.” (Commission on Social Determinants of Health, 2008, p.14)

• Focussed interventions to tackle the determinants of inequalities in health
GLOBAL COMMISSION: HEALTH EQUITY IMPACT ASSESSMENT:

“Competent, regular health equity impact assessment of all policy-making and market regulation should be institutionalized nationally and internationally.”

GCSD, 2008, p.14
Secondly - our understanding of what causes the problem influences the kind of solution or intervention proposed.
## 5-Year Cancer Survival by Area Deprivation, England & Wales

<table>
<thead>
<tr>
<th>Cancer Site</th>
<th>Affluent</th>
<th>Deprived</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>71%</td>
<td>61%</td>
</tr>
<tr>
<td>Cervix</td>
<td>65%</td>
<td>61%</td>
</tr>
<tr>
<td>Larynx</td>
<td>68%</td>
<td>59%</td>
</tr>
<tr>
<td>Bladder</td>
<td>64%</td>
<td>59%</td>
</tr>
<tr>
<td>Lip, mouth</td>
<td>56%</td>
<td>42%</td>
</tr>
<tr>
<td>Lung</td>
<td>6%</td>
<td>5%</td>
</tr>
</tbody>
</table>

Source: Quinn, et al. ONS, 2001
Possible causes of inequalities in cancer survival

- Later diagnosis?
- Poorer availability/access?
- Poorer uptake of services?
- Poorer quality of treatment?
- Poorer outcomes/recovery from effective treatment?

What are the causes of the above?
INTERVENTIONS TO REDUCE INEQUALITIES: CANCER SURVIVAL

Depend on what you perceive as the major cause

- Interventions focused on disadvantaged individuals
- Interventions focused on the system of delivery of cancer services
- Interventions to help maintain the standard of living and cover extra needs of cancer patients in their day-to-day lives
% of women smoking cigarettes in highest (professional) & lowest (unskilled manual) socioeconomic groups, Britain, 1958-2000

## Disadvantaged trajectories & women’s smoking status, England, 2000

<table>
<thead>
<tr>
<th></th>
<th>Current smoker</th>
<th>Ex-smoker</th>
</tr>
</thead>
<tbody>
<tr>
<td>childhood disadvantage</td>
<td>36</td>
<td>30</td>
</tr>
<tr>
<td>+ left school ≤ 16 years</td>
<td>44</td>
<td>28</td>
</tr>
<tr>
<td>+ mother ≤ 21 years</td>
<td>55</td>
<td>22</td>
</tr>
<tr>
<td>+ adult disadvantage</td>
<td>63</td>
<td>17</td>
</tr>
<tr>
<td>none of these</td>
<td>18</td>
<td>45</td>
</tr>
</tbody>
</table>

Source: Graham et al, 2006
TOBACCO CONTROL POLICIES THROUGH AN EQUITY LENS

- interventions focused on individuals
- Interventions tackling the smoking environment
- Interventions to tackle the disadvantaged conditions in which poor smokers live (the causes of the causes)
Bringing to bear the full spectrum of tobacco control policies

- Controls on global supply: smuggling, tobacco farming
- Pricing policy
- Regulations
- Advertising bans
- Creating smoke-free environments
- Public education
- Smoking cessation counselling
Activity Questions

Is there a differential impact of any of these policies on different socio-economic groups?

What is the best combination of these policies to reduce inequalities in smoking?
IN ADDITION

Tobacco control policies need to address social inequalities in people’s lives as well as their smoking habits.....
THIRDLY - UNDERSTANDING THE REASONING BEHIND HOW AND WHY AN INTERVENTION MIGHT WORK
A Typology of actions to tackle inequalities in Health

Level 1: Strengthening Individuals

- Person-based strategies
- Problem seen as individuals lacking something
- Level 1 actions useful but rarely work in isolation
- Focus on disadvantaged groups only
- Tend to treat the symptoms rather than underlying causes
LEVEL 2: STRENGTHENING COMMUNITIES

- Aimed at strengthening communities

- Problem seen as greater social exclusion, isolation and powerlessness in disadvantaged communities

- Two types of solution to problem:
  1) Strengthening links within the same community
  2) Promoting bonds between different groups in society

Some positive results, but only so much that local communities can do if underlying cause of poorer health located in wider socioeconomic environment
Level 3: Improving Infrastructure & Access to Health Promoting Environment

- Focus on health-promoting environments and access to essential goods and services
- Problem seen as greater exposure to health damaging environments
- Classic public health measures
- Involves all sections of the population, but with greater impact on those in worst conditions
- Greater potential impact on inequalities in long-term
LEVEL 4: PROMOTING HEALTHY MACRO-POLICIES

- Causes of health inequalities located in overarching macroeconomic, cultural and environmental conditions

- Interventions aimed at reducing poverty and social inequalities

- Span several different sectors and work across population as a whole, but crucially may have greater impact on some groups more than others

- Greater potential impact on inequalities in long-term but great challenges for evaluation
INTERVENTION TO TACKLE INEQUALITIES: REDUCING SMOKING

**Problem:** lack of knowledge/skills to resist smoking and to give up

**Interventions:** education, counselling, improving skills and confidence to prevent uptake or to quit

**Problem:** Greater peer pressure/ increased stress of disadvantage/lack of mutual support

**Interventions:** community development to build social cohesion and mutual support: social meeting places/activities.
**Problem:** poorer, smokier environment encouraging tobacco use  
**Interventions:** creation of supportive environments by: regulation to control smoking in public places, bans on supply of cigarettes to children; curbs on advertising and promotion of tobacco; supply of free nicotine replacement treatment to remove cost barrier.

**Problem:** Macro-economic forces pushing tobacco that is cheap and readily available  
**Interventions:** regulating supply and demand by legal and fiscal measures: tobacco taxation; reduction of EU subsidies to farming for growing tobacco; prevention of ‘dumping’ of high-tar tobacco on poorer countries; tackling smuggling
AND FINALLY

WHAT IS THE EVIDENCE FOR DIFFERENT TYPES OF INTERVENTIONS?

GOOD INTENTIONS ARE NOT ENOUGH: WE NEED TO EVALUATE ACTUAL OUTCOMES THROUGH AN EQUITY LENS
NEED TO RE-THINK EVALUATIONS OF BOTH WIDER POLICIES & FOCUSED INTERVENTIONS

• It is not sufficient to simply ask “What works and what doesn’t work?”

• Need to ask “for whom?” and “In what context?”

• Look to see if the impact is different for different groups in the population (differential impact).
NEED TO GET AWAY FROM ‘AVERAGES’ AND DISAGGREGATE DATA TO ASK SEARCHING QUESTIONS:

• Who are the winners? Who are the losers?

• Who benefits? Who pays?

• What is the impact of a policy on the most vulnerable in society?
The size of the 2011/12 LA budget cuts in England increases with increasing deprivation.

Source: Taylor-Robinson and Gosling, 2011
In the current economic climate...

The risk of indiscriminate cuts in public services - but differential consequences

the risk of health policy reforms that will weaken the equitable aspects of the public systems that we have developed over many years
Evidence from systematic reviews

Bambra et al (2010) ‘umbrella review’ of systematic reviews of interventions around social determinants of health

- Housing and living environment
- Work environment
- Transport
- Health and social care services
- Unemployment and welfare
- Agriculture and food
- Water and sanitation
- Education
## Housing and living environment

<table>
<thead>
<tr>
<th>Identified 9 reviews</th>
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<tbody>
<tr>
<td><strong>Rental assistance to promote mixed neighborhoods</strong></td>
</tr>
<tr>
<td>- indicates improvements in self-rated health and health behaviors</td>
</tr>
<tr>
<td>- effects are quite small (USA only)</td>
</tr>
<tr>
<td>- mechanisms unclear</td>
</tr>
<tr>
<td><strong>General housing improvements (quality and security)</strong></td>
</tr>
<tr>
<td>- associated with reduction injuries and positive changes in social outcomes (fear of crime, social participation)</td>
</tr>
<tr>
<td><strong>Area based initiatives</strong></td>
</tr>
<tr>
<td>- evidence variable and inconsistent</td>
</tr>
<tr>
<td>Identified 5 reviews</td>
</tr>
<tr>
<td>----------------------</td>
</tr>
<tr>
<td><strong>Promoting shift from driving to cycling/walking</strong></td>
</tr>
<tr>
<td>• Limited evidence on health effects indicating absence of evidence rather than absence of effect</td>
</tr>
<tr>
<td><strong>Impact of new roads</strong></td>
</tr>
<tr>
<td>• Little evidence that major new roads reduce injuries, but out-of-town bypasses reduced injuries (but may be displaced onto secondary routes)</td>
</tr>
<tr>
<td><strong>Reduction in permissible alcohol limits</strong></td>
</tr>
<tr>
<td>• Strong evidence of reduced fatal and non-fatal accidents</td>
</tr>
<tr>
<td><strong>Traffic calming</strong></td>
</tr>
<tr>
<td>• Strong evidence of reduced fatal and non-fatal accidents</td>
</tr>
<tr>
<td><strong>Speed cameras</strong></td>
</tr>
<tr>
<td>• Strong evidence of reduced fatal and non-fatal accidents</td>
</tr>
</tbody>
</table>
Health and social care services

Identified 4 reviews

Improved cultural access (acceptability and appropriateness of services)

- Evidence generally inconclusive; positive effects found for lay health workers in promoting immunisation uptake, but evidence insufficient to support use of lay health workers in other contexts

Improved geographic access (location and physical availability)

- Rural outreach improved access to care and self-rated health
Water and sanitation

Identified 1 review

Changes in water fluoridation

• No adverse effects of increased fluoridation of up to 1ppm on bone fracture incidence, bone mineral density or bone strength
Discussion

- Limitations of currently available evidence
- Few reviews examined interventions addressing social determinants of health and health inequalities
- Limited evidence on differential impact (3 out of 30 reviews)
- Much of evidence USA derived – not easily transferable?
STRATEGIES FOR TACKLING SOCIAL INEQUITIES IN HEALTH

European strategies for tackling social inequities in health:

Levelling up Part 2

Göran Dahlgren, Margaret Whitehead
WHO Collaborating Centre for Policy Research on Social Determinants of Health,
University of Liverpool

http://www.euro.who.int/socialdeterminants/publications/publications