Health inequalities, social determinants and public health policy

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- Health inequalities – quick overview
- Tackling health inequalities & their social determinants – new goal & new approach
- A goal and an approach with multiple meanings
- The challenge: sustaining an inclusive goal & an inclusive approach
1. Health inequalities - quick overview
Australia & other high-income countries..

- Living standards & life expectancy rose across 20th century – population is much wealthier & healthier

- But persisting inequalities in health: people in better circumstances enjoy better health over longer lives than those in poorer circumstances
persisting inequalities in health

• Evident when those at the extremes – in the most advantaged and disadvantaged circumstances are compared

• E.g. Australia: premature death rates among those living in the most advantaged and most disadvantaged areas
Australia: death rates\(^1\) among 25-64 yr olds in the most advantaged & most disadvantaged areas\(^2\), 1985-7 & 1998-00

**men**

<table>
<thead>
<tr>
<th>Year</th>
<th>best-off</th>
<th>worst-off</th>
</tr>
</thead>
<tbody>
<tr>
<td>1985-87</td>
<td>300</td>
<td>600</td>
</tr>
<tr>
<td>1998-00</td>
<td>200</td>
<td>400</td>
</tr>
</tbody>
</table>

**women**

<table>
<thead>
<tr>
<th>Year</th>
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<th>worst-off</th>
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<tbody>
<tr>
<td>1985-87</td>
<td>250</td>
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</tr>
<tr>
<td>1998-00</td>
<td>150</td>
<td>300</td>
</tr>
</tbody>
</table>

\(^1\) death rates per 100 000, age standardised

\(^2\) Index of Relative Socioeconomic Disadvantage, highest & lowest quintile

Source: Draper et al, 2004
persisting inequalities in health

• Evident across whole population
• E.g. US premature death rates by socioeconomic position (taking educational attainment as the measure of socioeconomic position)
USA: death rates\textsuperscript{1}, 25-64 yrs, by educational attainment\textsuperscript{2}, 2005

\begin{itemize}
  \item \textbf{Men}:
  \begin{itemize}
    \item High: low death rate
    \item Middle: moderate death rate
    \item Low: high death rate
  \end{itemize}

  \begin{itemize}
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\end{itemize}

\textsuperscript{1} death per 100 000, age adjusted
\textsuperscript{2} high completed grade (high: $\geq$13 grade; middle: 12 grade; low: $\leq$11 grade)
persisting inequalities in health

- Evident across whole population
- And when other measures of socioeconomic position are used
- E.g. occupation – used to place people into socioeconomic groups (social class) in UK
Britain: deaths¹ from heart disease by social class², men aged 35-64, 1997-99

¹ deaths per 100,000
² based on current/last occupation

Source: ONS, 2006
In rich countries - Europe, US, Canada, NZ, Australia etc - evidence for recent decades

- Points to widening inequalities in health
- Because health has improved at a faster rate in more advantaged groups

Male life expectancy by social class, 1994-2005, England & Wales
Over the last decade…

• New public health policies launched in high-income countries

• Distinguished by a new goal and a new approach

• Goal is to reduce health inequalities; approach is to address social determinants
2. Tackling health inequalities & their social determinants – new goal & new approach
new goal …

• Traditional goal of improving overall health has been retained

• Reducing health disparities & inequalities has been added a second core goal

• Some examples from policy blueprints …starting with the UK
**England:** ‘Improving health for all *and* tackling health inequality is a challenging objective – a crusade for health on a scale never undertaken by Government before’ (SSH, 1999)

**Scotland:** ‘The Government’s vision is about making a difference to the health of the whole population *and* about tackling the health inequalities which currently exist’ (SSS, 1999)
**New Zealand:** ‘The combined goals must be the improvement in the health of our community and reduced disparities in health outcomes for all New Zealanders, including Māori and Pacific peoples’ (NZ DH, 2000).

**Canada:** ‘The goals of the Strategy are to improve overall health outcomes and reduce health disparities’ (ACPHHS, 2005).

**US:** ‘Healthy People 2010 is designed to achieve two overarching goals: increase quality and years of healthy life and eliminate health disparities’ (USDHHS, 2000).
Sweden: ‘The vision proposed is to achieve good health on equal terms’ (MSAH, 2001).

Norway: ‘The primary goal of future health work is not to further improve the health of the people that already enjoy good health. The challenge now is to bring the rest of the population up to the same level as the people who have the best health – levelling up’ (NMHCS, 2007)
new approach...

• Focus on ‘social determinants of health’
• Introduced into public health debates in 1970s to correct over-emphasis on individual risk factors and re-orient attention to underlying causes
• Social determinants: ‘living & working conditions, and patterns of social and economic relationships’ (Doyal, 1979)
• Some examples from policy blueprints …starting with the UK
England: ‘(The programme is) addressing the underlying determinants of health – dealing with the underlying causes of health inequalities…. The Government’s aim is to reduce health inequalities by tackling the wider determinants of health inequalities’ (2003)

Wales: ‘The Government wishes to tackle the underlying causes of ill-health…A person’s social and economic circumstances are probably the strongest influence on health’ (1998)
New Zealand: ‘Improving the population’s health means focusing on those factors that most influence health… Tackling broader determinants requires action across sectors’ (2000)

Sweden: ‘Sweden now has a new national public health policy… Where objectives had previously been based on diseases or health problems, health determinants are now chosen instead’ (2003)
• tackling social determinants is seen as a way of both improving overall health *and* reducing inequalities in health

• to do this, requires both overall improvements in health determinants *and* reducing inequalities in health determinants
• take living standards (measured by household income adjusted for size & composition) as an example of a key social determinant

• to improve health \textit{and reduce inequalities in health} requires…

• both overall improvements in living standards \textit{and reducing inequalities in living standards} between richer and poorer households
weekly incomes from the lowest quintile (poorest fifth) to the highest quintile (richest fifth), Australia, 2005-06

Source: ABS, 2007

average ($644)

1mean equivalised disposable household income
Overall improvement in this social determinant requires raising average incomes

¹mean equivalised disposable household income

Source: ABS, 2007
Reducing inequalities in this health determinant requires ‘levelling-up’ incomes of poorer groups - & holding down rate of increase in richer groups

$ per week

$ 1500
$ 1000
$ 1000
$ 500
$ 0

lowest 2nd 3rd 4th highest

average ($644)

¹mean equivalised disposable household income

Source: ABS, 2007
3. A goal & an approach with multiple meanings
Tackling health inequalities: a goal with multiple meanings
• improving the health of disadvantaged groups (e.g. those on lowest incomes or in the most deprived areas)
• **improving the health of disadvantaged groups**  
  (e.g. those on lowest incomes, in the most deprived areas)

• **narrowing the gap between disadvantaged groups and better-off groups** (those on higher incomes, in less deprived areas)
• **improving the health of disadvantaged groups** (e.g. those on lowest incomes, in the most deprived areas)

• **narrowing the gap between disadvantaged groups and better-off groups** (e.g. those on higher incomes, in less deprived areas)

• **reducing the social gradient in health** (e.g. across income quintiles, across areas)

illustrate from policy blueprints…
improving the health of disadvantaged groups

- *Scotland*: ‘(Our objective is) to increase the rate of improvement of the health status of people living in the most deprived communities’ (2004)

- An absolute improvement in health over time (and not relative to what is happening to health in other groups)
improving the health of disadvantaged groups

- commits governments to do no more than maintain what is already a long-running trend
- across high-income countries, health has been improving in disadvantaged groups

Australia: death rates in worst off areas, men

health improving in poorest groups..
narrowing the gap between disadvantaged & better-off groups

- requires a rate of health gain among disadvantaged groups that outstrips the rate of gain in the comparator group (typically defined as either the most advantaged group or the population as a whole)
- requires a reversal of dominant trend in many countries (where the rate of health gain has been greater in better-off groups)
narrowing the gap between disadvantaged & better-off groups

- **Wales**: ‘The health inequalities target is to improve mortality in all groups and at the same time aim for a more rapid improvement in the most deprived groups’ (2006)
narrowing the gap between disadvantaged & better-off groups

• more ambitious & challenging

• but still casts health inequalities as a condition to which only those in disadvantaged circumstances are exposed

• strategies therefore focus on improving their health in absolute terms (the more limited variant of the goal) and in relative terms

• wider social gradient in health is excluded
Britain: deaths¹ from heart disease by social class², men aged 35-64, 1997-99

health inequalities take the form of a social gradient across the whole society….

Source: ONS, 2006
goal of narrowing the gap only includes those at the bottom…

Source: ONS, 2006
reducing the social gradient in health

• in contrast to the other two goals, this goal makes clear that health is socially patterned across society…
reducing the social gradient in health

• *England*: ‘Health inequalities follow a social gradient, with the health gap increasing steadily with poorer social class. Our vision is of a country in which everyone has the same chance of good health’ (2002).

• *Norway*: ‘The link between social position and health forms a gradient and affects all levels of society. The primary objective of this strategy is to reduce social inequalities in health by leveling up’ (2007).
inclusive goal: progress towards it requires..

• absolute & relative improvements in health in disadvantaged groups and in middle tiers of socioeconomic hierarchy

• a rate of health gain which is greatest for the poorest, progressively lower for better-off groups & lowest for those in the most advantaged circumstances

Life expectancy by soc class, Britain
Tackling social determinants: an approach with multiple meanings
• originally introduced in public health debates to reorient policy from individual risk factors to ‘living & working conditions, and patterns of social and economic relationships’ (Doyal, 1979)

• approach endorsed by WHO Commission on Social Determinants of Health: ‘the circumstances in which people grow, live, work and age, and the systems put in place to deal with illness’ together with the social and economic policies which shape circumstances and systems (WHO CSDH, 2008)
policy blueprints...

• at their launch stage, new strategies typically endorse this broad understanding of social determinants
Broad understandings…

- **Sweden**: ‘The health of the population is affected by a range of what are known as determinants. These are factors that in part relate to the structure of society and in part to people’s lifestyles and habits’ (2001)

- **Canada**: ‘the living and working environments that affect people’s health, the conditions that enable and support people in making healthy choices, and the services which promote and maintain health’ (2005)
Broad understandings…

• *England* ‘Tackling health inequalities will require us to address… behavioural patterns such as smoking, diet and physical activity, wider determinants such as the work environment, housing and living conditions, education, transport and access to health services, and the economic, cultural and environmental conditions present in society as a whole’ (2001).
However…

• Targets & priorities often focus on changing individual behaviour

• E.g. Canada’s policy ‘strives to address the root causes that lead to poor health outcomes’ while its targets are focused on ‘healthy eating, physical activity & healthy weights’ (2005)
Putting together a goal and an approach with multiple meanings means that under the common banner of ‘tackling health inequalities’ and ‘tackling social determinants’, policies can focus on...
GOAL

• absolute health improvements in disadvantaged groups

• narrowing the gap between their health and better-off groups

• tackling the broader social gradient in health

APPROACH

• tackling inequalities in ‘the circumstances in which people grow, live, work and age’ &/or

• screening individuals for risk factors & promoting healthy behaviours
4. The challenge: sustaining an inclusive goal & an inclusive approach
An inclusive goal & an inclusive approach

- a goal that includes more than the most disadvantaged groups
- an approach that includes inequalities in wider determinants

England as an example – the country seen as leading the way in public health policy
England: began with a broad focus

- **Health inequalities** ‘our vision is of a country where everyone has the same chance of good health regardless of their social circumstances. Interventions must reach more than the most deprived areas and the most socially disadvantaged, socially excluded populations to … make progress on health inequalities’ (2002)

- **Social determinants** ‘the Government’s main task is to tackle the root causes of ill health. Most of these are social, economic and environmental’ (1999)
Targets for health inequalities set in 2001

• to narrow the health gap between disadvantaged groups and the national average by 2010
• in life expectancy and infant mortality
• strategy since then seen to stand or fall on achievement of these targets...

• life expectancy risen and infant mortality rate declined in target groups – but gap widened because rate of improvement has been greater in population as a whole
England: concept of social determinants

• broad concept given way to one focused on individual risk factors

  - 1999 White Paper: *Saving Lives: Our Healthier Nation*: ‘the emphasis is on the fundamental social, economic and environmental causes of ill-health’
  - 2007 *Implementation Plan* to achieve the targets….
Achieving the life expectancy target

• ‘to deliver the target the focus needs to be on preventing early deaths, particularly in those who already have disease or are at high risk’

• ‘successful delivery will be primarily through NHS actions, rather than actions to tackle wider determinants’
  ‘specifically: support for people to give up smoking, control (of) blood pressure through prescribing antihypertensives in people without diagnosed cardiovascular disease, control (of) cholesterol through prescribing statins in people without diagnosed cardiovascular disease’
Achieving the infant mortality target

• ‘the wider determinants of infant mortality include breast feeding, obesity and smoking’

• ‘action to help deliver the target: four interventions in the target group .. reducing obesity, reducing smoking in pregnancy, reducing sudden unexpected deaths by persuading women in this group to avoid sharing a bed with their baby or putting it to sleep prone, reducing the under-18 conception rate’
England: an inclusive goal & an inclusive approach given way to a more traditional public health policy...
**Goal**

- Absolute health improvements in disadvantaged groups &
- Narrowing the gap between their health and better-off groups
- Tackling the broader social gradient in health

**Approach**

- Tackling inequalities in ‘the circumstances in which people grow, live, work and age’ &/or
- Screening individuals for risk factors & promoting healthy behaviours
Conclusions
Health inequalities – overview noted persisting & widening socioeconomic inequalities in health

Tackling health inequalities & their social determinants – policy blueprints suggest a goal & an approach with multiple meanings

The challenge: an inclusive goal & an inclusive approach – evidence from England suggests retreat when confronted with the challenge