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1. **What are health inequalities?**

Variations, or disparities in the health achievements of individuals and groups,’ (Kawachi et al. 2002, p.647), within countries, and also within Lambeth borough. These differences are avoidable and unjustifiable when they arise from social and economic context.

2. **What is health inequity?**

Whitehead defines health inequities as differences in health which are ‘unnecessary and avoidable but, in addition are also considered unfair and unjust’. (1990, p.5)

All health differences between the best-off and worst-off in different socioeconomic groups constitute inequities in health.

3. **Who is at risk of health inequalities?**

People, who, because of life circumstances, have low or no income, no control over their life and who do not have the minimum living conditions to have a healthy life. Some examples in Lambeth:
- new born from parents in manual occupations at higher risk of dying before first birthday
- older people living in fuel poverty
- large size families living in social housing or private rented social accommodation
- people suffering from disabilities

4. **What causes health inequalities?**

Whitehead identified seven determinants of health inequalities:
- Natural, biological variation.
- Health damaging behavior that is freely chosen, such as participation in certain sports and pastimes.
- The transient health advantage of one group over another when that group is first to adopt a health-promoting behavior (as long as other groups have the means to catch up fairly soon).
- Health damaging behavior in which the degree of choice of lifestyles is severely restricted.
- Exposure to unhealthy, stressful living and working conditions.
- Inadequate access to essential health and other basic services.
- Natural selection or health-related social mobility involving the tendency for sick people to move down the social scale.

Health inequalities determined by the first three categories would not be considered unfair or unjust, while the last four would be considered by many to be avoidable and the resultant health differences to be unjust.

The cause of the causes of inequalities in health is the unequal distribution of the conditions in which people are born, grow, live, work and age. Critical drivers of this unequal distribution include socioeconomic position and social exclusion, including racism.
5. What is equity?
The term is defined as “justice according to natural law or right; specifically, freedom from bias or favouritism,” or “the state, ideal, or quality of being just, impartial, and Fair. (source: http://www.paho.org/english/dbi/Op08/OP08_02.pdf)
Equality is sameness, and equity is fairness.

6. How do we know that a difference in health is avoidable and unjustifiable?
An avoidable difference exists when some people are benefiting of a known solution and other with the same need do not benefit of this solution.
A health inequality is avoidable if:
- technically avoidable because current scientific and organizational knowledge provides a solution for successful intervention.
- financially avoidable because sufficient resources exist at a macroeconomic level and not only within the health sector to ensure fairness.
- morally avoidable because the proposed redistribution would not violate some other, greater, sense of justice (source: http://www.paho.org/english/dbi/Op08/OP08_02.pdf)

A health inequality is unjustifiable when it is caused by the way the society works.

7. What is the social gradient in health?
The social gradient in health designs the fact that the higher one’s social position, the better one’s health is likely to be.
It is not just that that ‘the poor’, as a group have worse health, but also that, as we go up the social scale, each step we ascend socially will increase life expectancy, and decrease the chance of developing many diseases, such as stroke or heart disease.

8. Do inequalities in access to healthcare explain the social gradient in health?
This does not seem to be a very significant cause of variation in health, given that we see a significant social gradient in health even in countries like the UK which have a nationalised health system.(Ref: Health inequities -James Wilson- January 9, 2008)

9. What are social determinants of health?
Social determinants of health are those factors that shape health and wellbeing such as social environments, the housing and neighbourhoods where people live, education, income, standard of living, occupation and working conditions. These circumstances are in turn shaped by a wider set of forces: economic, social policies and politic
Poor housing, neighbourhood deprivation, limited employment and educational opportunities are powerful drivers of ill health and health inequalities. The impacts of community resilience and social capital are increasingly recognised.
10. What does proportional universalism mean?
It is the characteristic of service provision or intervention which is universal with a scale and intensity that is proportional to needs. The argument to address all social groups is supported by the fact that in more equal society everyone tends to have healthier and happier lives.

11. What is the Marmot Review?
“Fair society, Healthy lives” led by Professor Michael Marmot is a review on health inequalities commissioned by the Labour government to inform future strategy to address health inequalities. This report was published in February 2010 and recommended six areas where policy should focus to reduce health inequalities. The Marmot review emphasised the role of a healthy start in life, education, employment, welfare programmes and pro-active prevention to address health inequalities and recommend broad-based action on these.

12. Health inequalities: whose problem is it?
Health Inequality is everybody’s business, every public services, all sectors of the society, men and women, all ethnic groups, all social classes because an unequal society affects the health of everybody.
Because tackling health inequalities means addressing the social determinants of health (see above), the NHS cannot tackle these issues alone. Central and local government departments, the third and private sectors as well as individuals themselves have a role to play.

13. We do not work for the NHS? Why should we care about health inequalities?
Poor health is not simply caused by biological factors alone; it is closely related to the “wider determinants” of health (see above) which rest more with local authority than within the NHS.
The health of the population directly impacts on demand for Local authority’s services as illness can place additional strain on people, such that they require support from the local authority:
– While people are ill they may not be able to care for their family as they normally would;
– Some people may be too weak or frail to return home straightaway;
– Children may need additional support as they return to school.

14. Why do we need to reduce health inequalities?
Because:
- It is unfair and a question of social justice
- It is vital for the economy (Marmot review)
- A healthy population is likely to be: a happier population, contributing more economically and socially, placing less demand on our services and better able to make appropriate and timely use of our services.
- It costs: the estimated cost of illnesses related to health inequalities accounts, per year, for productivity losses of £32bn, lost taxes and higher welfare payments
in the range of £20bn–32bn and additional NHS health care costs in England in excess of £5.5bn.
Source: Marmot Review report – 'Fair Society, Healthy Lives'

15. What could Clinical Commissioning Boards (CCB) do to tackle health inequalities?
CCBs give practices real power to redesign services to meet local needs and reduce the impact of socioeconomic inequalities on health.

For short term:
- Ensure equitable access to care by
  - establishing profile of register population including its specific needs in accessing health care
  - Identify gap in detection of major causes of illness
  - Linking with social needs at time of diagnosis of long term conditions, during management of the condition and at time of acute admission
  - Mainstreaming advice and support to promotion of healthy lifestyle
  - Linking with social resources to promote healthy lifestyle
  - Apply proportional universalism to delivery of care and prevention

For medium term
- Run equity equality impact assessment on commissioning intentions
- Commission a more locally appropriate range of services including a focus on prevention, early intervention and cooperation with partners in social care.

For long term:
- Include health equity in their vision
- Promote fair commissioning based on needs at borough level
- Support integration of health with local development

16. What can we do to reduce health inequalities?
The Marmot review recommends:
- Moving beyond economic growth as the sole measure of social success
- Having well being as societal goal
- Implementing actions across all social determinants
- Involving all central and local government, third and private sectors
- Ensuring that social justice, health and sustainability are at the heart of all policies

Marmot review proposes 6 key priorities:
- Give every child the best start in life
- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure healthy standard of living for all
- Create and develop healthy and sustainable places and communities
Strengthen the role and impact of ill-health prevention. ‘The problems that contribute to health inequalities are complex and longstanding. It is clearly the role of the NHS to help everyone improve their chances of living longer and healthier lives. But the health service cannot eradicate these inequalities on its own. The onus is on government to address health inequalities as a cross-departmental issue and to support not just NHS efforts but programmes that address the wider determinants of health – like housing, working conditions and early childhood education’

17. What is health equity impact assessment?
A tool to assist in assessing how particular inequalities in health have developed and where the effective intervention points are to tackle them.

Health Equity Assessment Tool Questions
- What health issue is the policy/programme trying to address?
- What inequalities exist in this health area? And Who is most advantaged and how?
- How did the inequality occur? And what are the determinants of this inequality?
- Where/how will you intervene to tackle this issue?
- How could this intervention affect health inequalities?
- Who will benefit most?
- What might the unintended consequences be?
- What will you do to make sure it does reduce/eliminate inequalities?
- How will you know if inequalities have been reduced/eliminated?