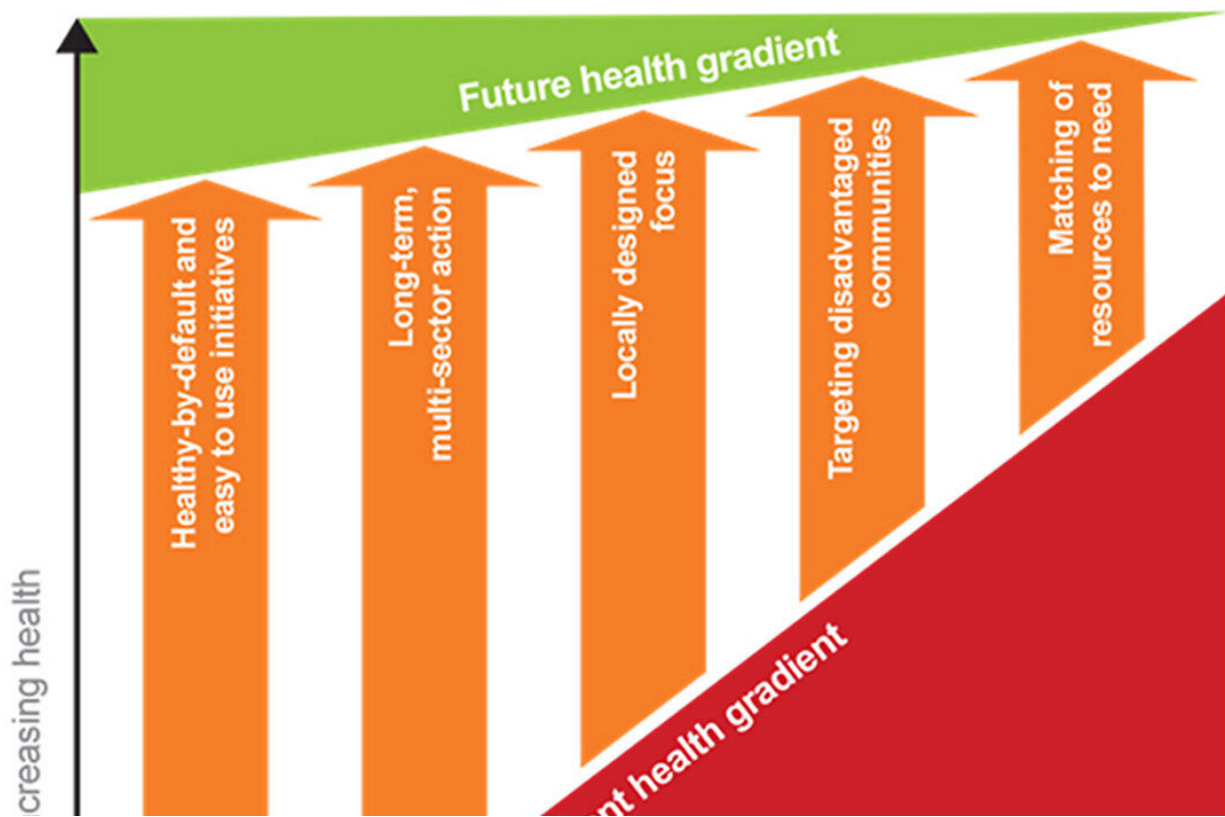


Experts urge UK government to keep focus on leveling-up health

September 30 2022



Graphical Abstract: A practical, evidence-based framework to leveling up health. Credit: *Public Health in Practice* (2022). DOI: 10.1016/j.puhip.2022.100322

Experts are calling on the government to continue focusing on "leveling-up" health, arguing that reducing the health gap is too important an

agenda to abandon.

Writing in *Public Health in Practice* and based on a review of all the previous literature, the team sets out a five-point framework to help level-up health and tackle health inequalities, which they say have been exacerbated by the COVID-19 pandemic.

The UK government committed to a program of "leveling-up" to help left-behind areas and regions to recover and prosper to the same extent as other parts of the country. With the departure of Boris Johnson as Prime Minister, the researchers urge the new government to reaffirm their commitment to leveling up.

With the fallout from the pandemic and rise in the cost of living, the impact on health is expected to be substantial due to the long-term economic repercussions of the pandemic, including food and housing insecurity, debt, and poverty.

Dr. John Ford from Cambridge Public Health at the University of Cambridge says that "it feels like we're at a pivotal point as the government moves its focus away from leveling-up and towards economic growth. It's crucial that they consider closing the [health gap](#)—which has only got worse during the pandemic—as an urgent priority."

"This will not be straightforward to achieve and will require cross government—and cross-party—support and long-term planning. That's why we're setting out five evidence-based principles that will help ensure the success of any health leveling-up programs."

Dr. Ford and colleagues carried out a review of the research literature to develop a practical, evidence-based framework to level up health that can be implemented across sectors, including governments or non-profits, and across a diversity of scales, from local to national, and a

diversity of contexts.

The five overlapping principles identified by the group are:

- **Make interventions healthy by default and easy to use**—In other words, make [healthy choices](#) easier to make. Past examples that have proven successful include: taxing [unhealthy foods](#) and subsidizing healthy foods was consistently documented as an intervention type; providing fluoride toothpaste for home use and daily toothbrushing supervision for 5-year-olds.
- **Focus on long-term solutions working across many sectors**—For example, while tackling housing conditions may be important, this alone is unlikely to be effective when individuals are still impacted by other factors such as working conditions or access to healthy foods: housing interventions are more likely to be effective in improving health and reducing inequalities when there were multiple interventions targeting several social determinants of health.
- **Tailor initiatives at a local level**—For example, flu vaccination programs are likely to be more successful if they can be offered outside of traditional working hours, while including community-based infrastructure developments in physical activity interventions can make them more sustainable, maintain increased adult physical activity levels and reduce inequalities.
- **Target disadvantaged communities**—Universally-applied programs that do not also target disadvantaged communities or account for their particular needs, assets, and barriers to health are less effective in reducing health inequalities and may even widen them. Provision of benefits to disadvantaged groups may also reduce health inequalities, such as food subsidy programs

for women of low-socioeconomic status that aim to reduce inequalities in mean birthweight and food/nutrient uptake.

- **Allocate resources according to need**—Studies have shown that allocating resources where they are most needed—for example, the allocation of NHS resources proportionate to geographic need, with more deprived areas receiving more resources—is most effective at reducing inequalities.

Professor Clare Bambra from Newcastle University says that "health inequalities have arisen over decades, if not centuries, but underlying them is often the same root cause: an unequal distribution of the wider determinants of [health](#), such as access to resources, opportunities, wealth, education, and power."

"There is no silver bullet that will solve this problem. If we are serious about tackling this problem, then we'll need a holistic approach, with long-term, collaborative and cross-government strategies that look beyond just one election cycle."

More information: Fiona Davey et al, *Levelling up health: A practical, evidence-based framework for reducing health inequalities*, *Public Health in Practice* (2022). [DOI: 10.1016/j.puhip.2022.100322](https://doi.org/10.1016/j.puhip.2022.100322)

Provided by University of Cambridge

Citation: Experts urge UK government to keep focus on leveling-up health (2022, September 30) retrieved 23 June 2024 from <https://medicalxpress.com/news/2022-09-experts-urge-uk-focus-leveling-up.html>

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