New tools for tackling social inequality in health and well-being

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Currently, the most deprived fifth of people in England experience 11.9 fewer years of healthy life than the least deprived fifth: a total gap between the groups of 135 million years.

More than half of this gap is due to years spent in ill health with one or more long-term conditions—deprived groups not only die younger but also experience disability and illness younger.

The team behind the tools say they could be a "game changer" with the potential for use right across the NHS and other public services, helping reduce health inequality by modifying decisions about screening and vaccination and investments in facilities as well as new medicines.

Average cost

At present, government spending decisions are based on information about average costs and benefits, with no attention to impacts on inequality in health between more and less socially advantaged groups.

Yet health inequality is large and growing, and there is overwhelming public support for action to reverse that trend—in their new report, the Equipol research team found that more than 80% of the U.K. public want the government to start accounting for health inequality when making spending decisions.

The smart tools work by harnessing the large, linked datasets that have become increasingly available alongside the power of modern computing, with the University of York team creating simple-to-use dashboards that clearly show the potential health and equality impacts of their decisions before they are made.

Pandemic

Researchers say the COVID pandemic shone a spotlight on inequality in health and well-being and the tools could help re-direct public spending towards more effective and efficient ways of reducing the massive

health gaps in our society.

The tools can also be used to create health inequality "league tables" showing how far interventions for different diseases might reduce health inequality. For example, effective new interventions for sickle cell disorders, epilepsy, schizophrenia and acute hepatitis B would all help to reduce health inequality, because all of these conditions disproportionately affect people in more disadvantaged social groups.

Policy agenda

Professor Richard Cookson, one of the leaders of the five-year Equipol collaborative project between the University's Department of Health Sciences and Center for Health Economics said, "The COVID-19 pandemic brought health inequality to the top of the policy agenda—and yet major government expenditure decisions are still made in almost total ignorance of the likely impacts on social inequality in health and well-being.

"Our work provides the tools needed to take an analytical, evidence-informed approach towards reducing health inequality that goes beyond just describing problems and towards evaluating solutions.

"The whole of government needs to start using these methods—not just the NHS but right across all areas of social policy: education, welfare, crime, housing—everything that matters to people's health and well-being."

The Equipol report makes three recommendations:

1. All government agencies to ensure that major national expenditure decisions are routinely informed by analysis of their predicted impact on social inequality in health and well-

being—starting immediately with health agencies such as the National Institute for Health and Care Excellence (NICE) and proceeding rapidly to education, welfare, justice and other areas of social policy.

2. HM Treasury, National and Local Government to accelerate the use of tools for modeling long-term impacts on social inequality in health and well-being—especially in the context of childhood policy which has life-long impacts that accumulate decades into the future.
3. UK Research and Innovation and the National Institute for Health Research to review U.K. research capacity for quantitative analysis of policy impacts on social inequality in health and well-being, with a view to strengthening research training, data collection, analysis and reporting.

Game changer

Professor Tim Doran, co-lead on the project, said, "Currently, when the NHS and other public services make financial decisions they use outdated analytical methods based on averages. That leads to average effects, average care experiences and average health outcomes. It can even lead to worse outcomes for those who are most disadvantaged. We can do a lot better than average."

Professor Cookson added, "Our approach could be a game changer on reducing health inequalities. With modification, it could potentially be used not only by NICE for making recommendations about new health care technologies but right across the NHS, for example in decisions about screening and vaccination and investments in facilities and workforce, and in wider social policy on families and children, education and employment, and tax-benefit reform."

In creating these tools, Professor Cookson says the Center for Health

Economics is building on four decades of developing useful new health economic methods that ultimately become widely used to support decision making across the world.

More information: Beyond the average: Making fairer decisions for public health. www.york.ac.uk/media/healthsci … or-public-health.pdf

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