

Unequal Lives: Breaking the Wealth-Health Link

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**Centre for Health Economics
University of York**

Acknowledgements

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The views expressed are my own and not those of the individuals and organisations listed above.

Publications and Resources

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Health equity and health inequalities

[NHS equity indicators](#)

The NHS uses local health inequality monitoring tools developed by the Centre for Health Economics. Our cutting-edge research has re-engineered health inequality indicators to make them useful for local and national decision makers. [More information](#)

[Distributional cost-effectiveness analysis \(DCEA\)](#)

We have developed practical methods for using cost-effectiveness analysis (CEA) to quantify and compare the equity impacts of health programmes. These methods provide information about who gains and who loses from health programmes, and the trade-offs that sometimes arise between improving total health and reducing health inequalities. [More information](#)

Other health equity research

Other health equity research at CHE includes work on [econometric measurement and policy evaluation](#), the [equity impacts of hospital competition](#), [inequality in waiting times](#), [primary care workforce distribution](#), [deliberative process for addressing equity concerns](#), [public preferences for reducing health inequality](#).

Contact

To find out more, please contact [Richard Cookson](#), [Miqdad Asaria](#), [Susan Griffin](#)

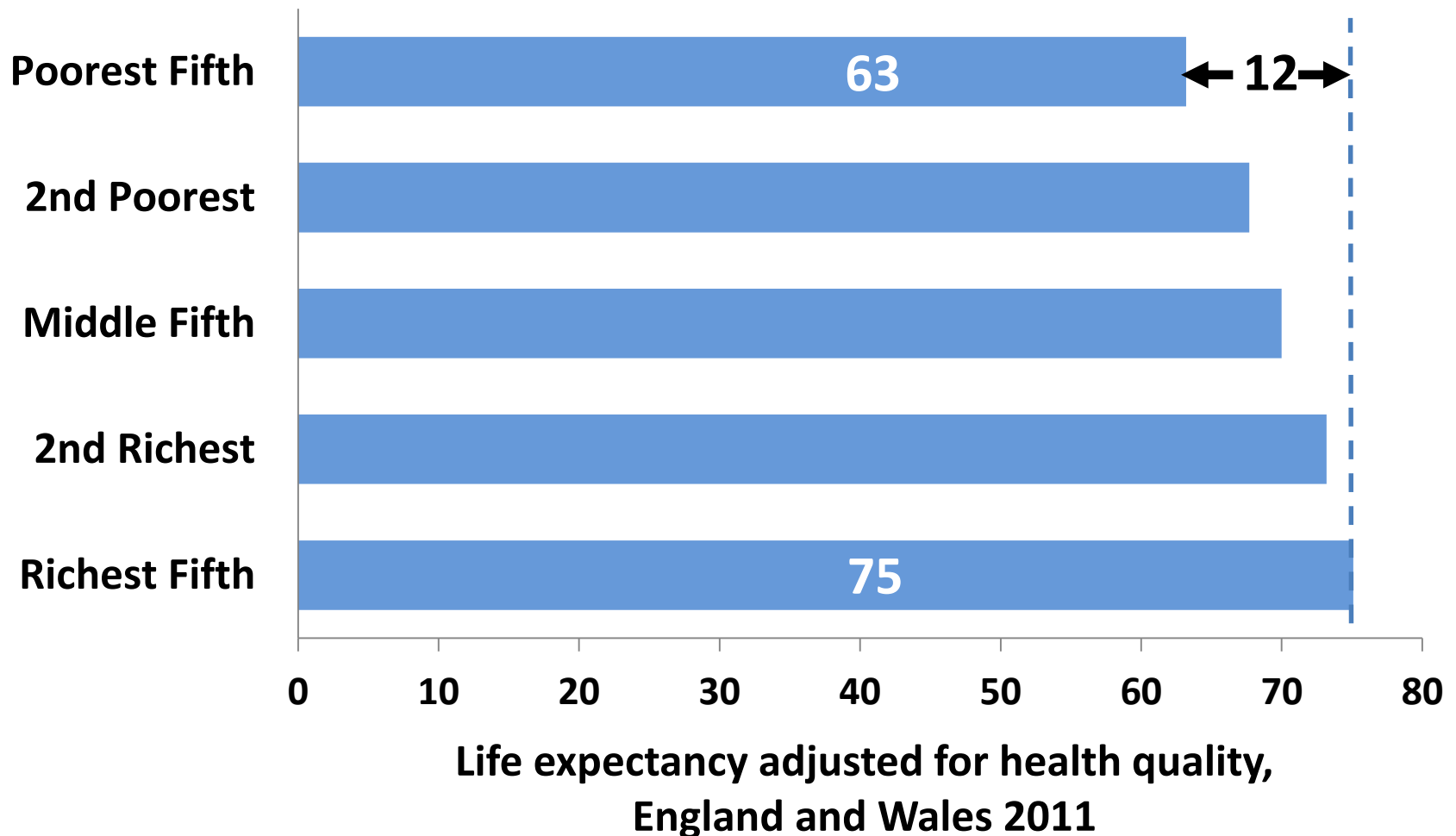


**“Paul”
(Poor Family)**



**“Richard”
(Rich Family)**

Healthy Years of Life



Source: Love-Koh, J., Asaria, M., Cookson, R., & Griffin, S. (2015). The Social Distribution of Health: Estimating Quality-Adjusted Life Expectancy in England. *Value in Health*, 18(5), 655-662.



Paul



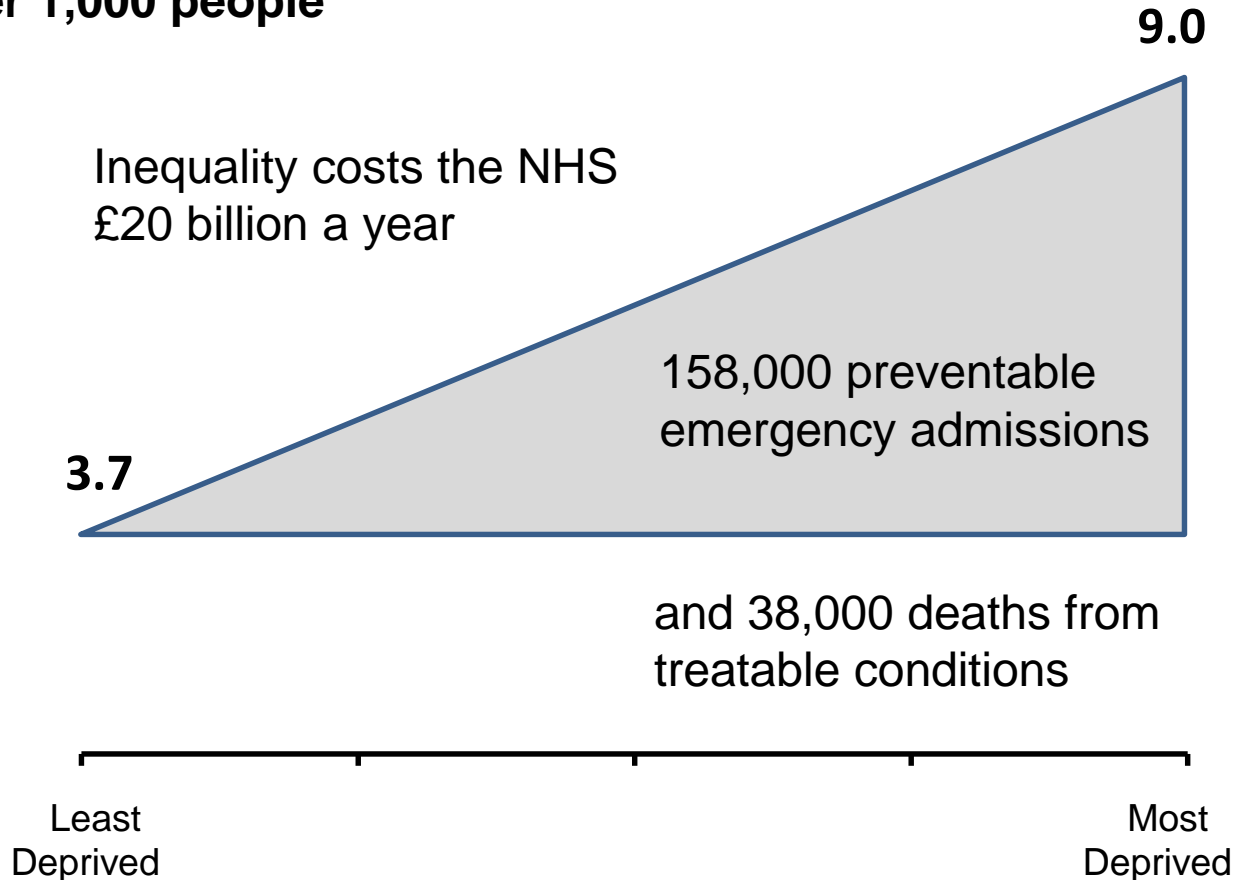
Richard

**12
Healthy
Years**



Unfair Health Emergencies

Emergency hospital admissions considered preventable,
per 1,000 people

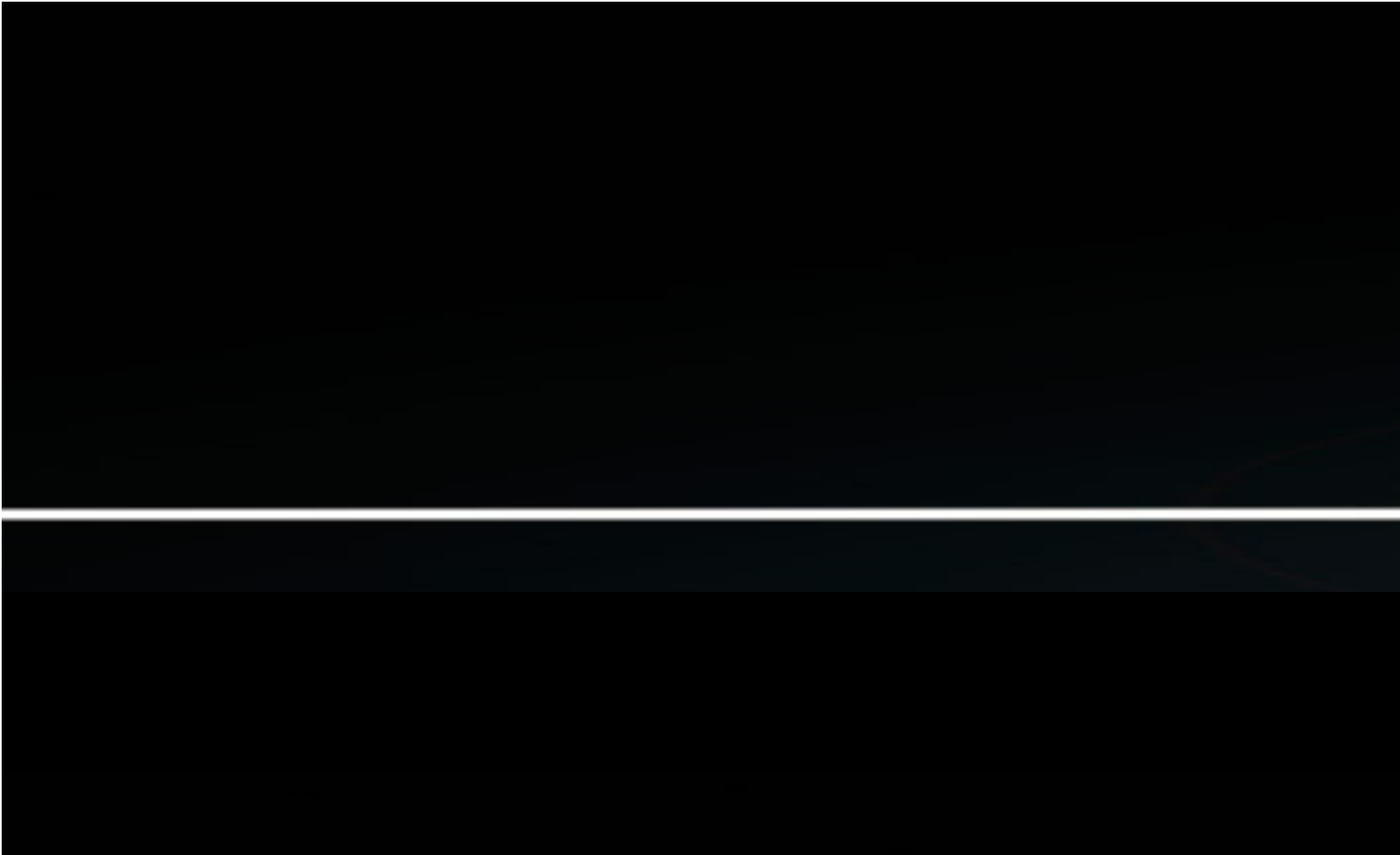


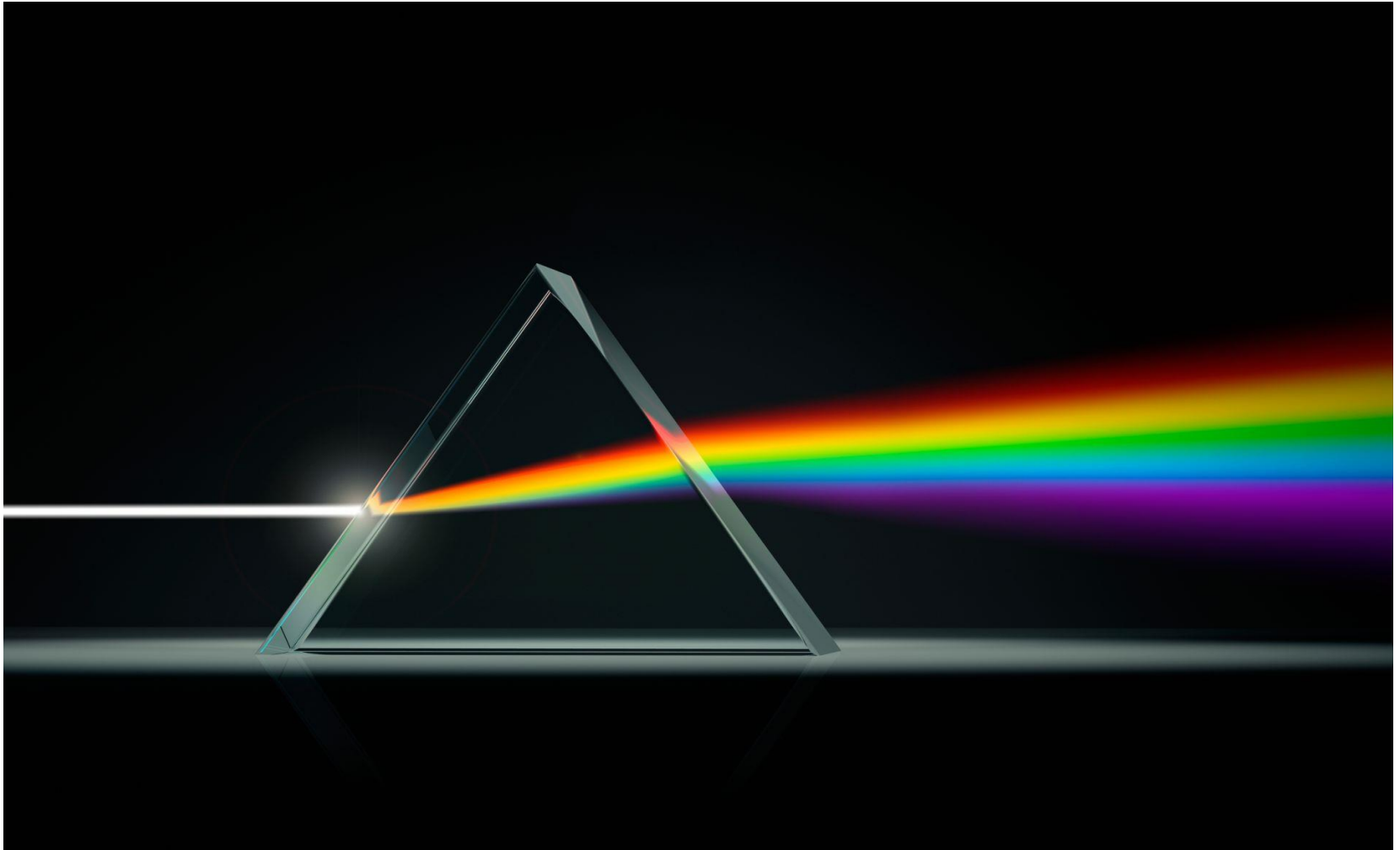
Notes:

1. Admissions for long-term conditions like heart and lung disease, diabetes and dementia
2. *Source:* Hospital episode statistics; England 2011/12; indirectly age-sex adjusted



Introduction

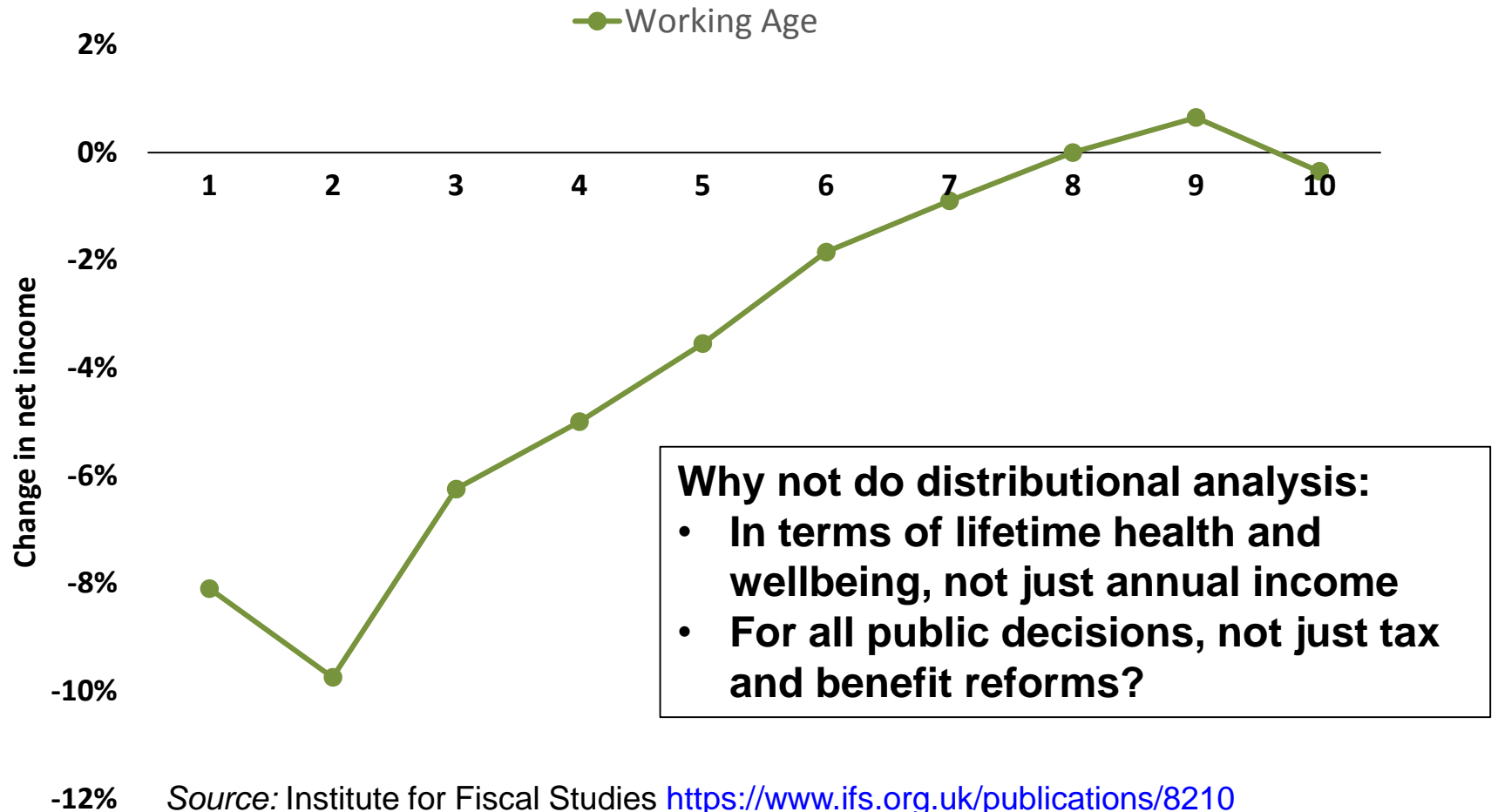




Introduction

Distributional analysis for budget day

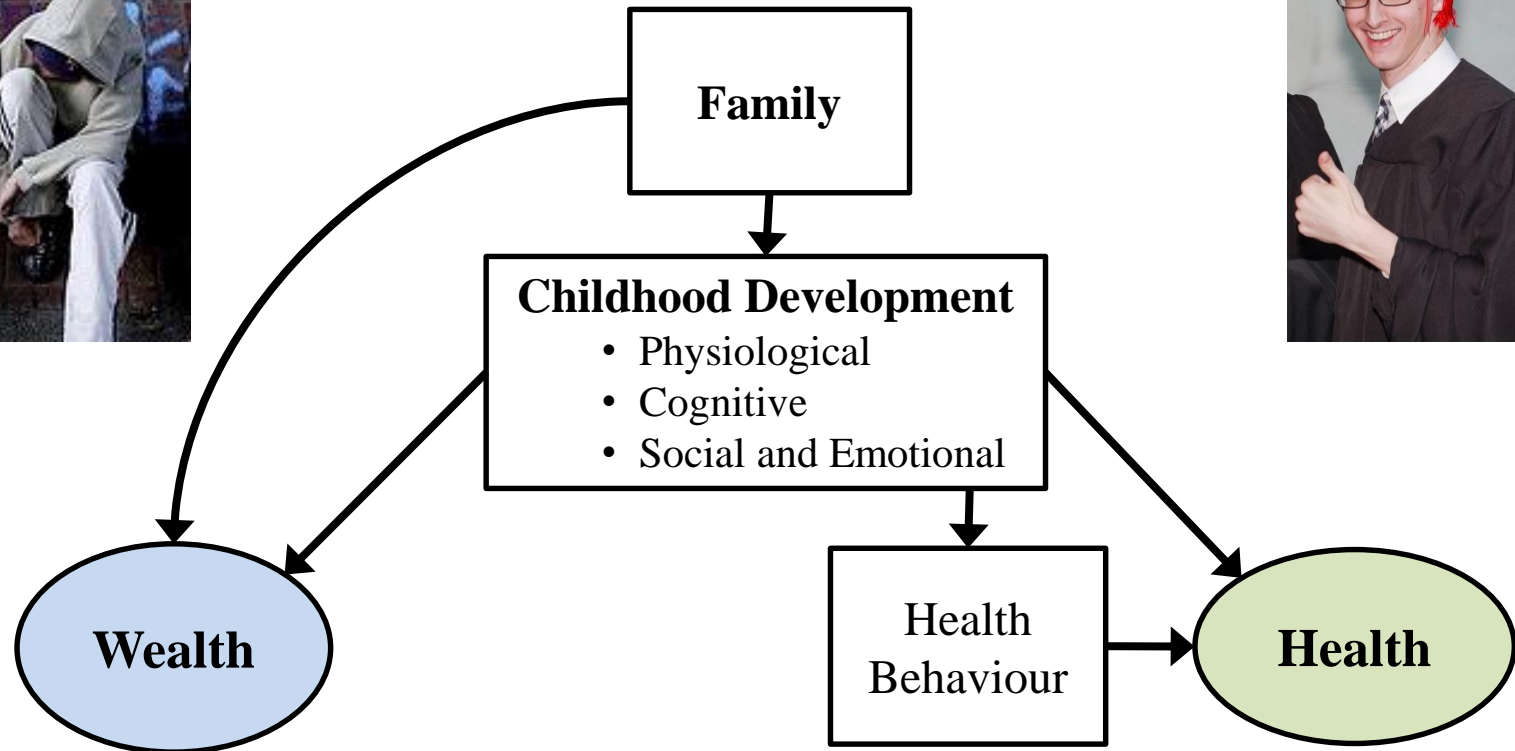
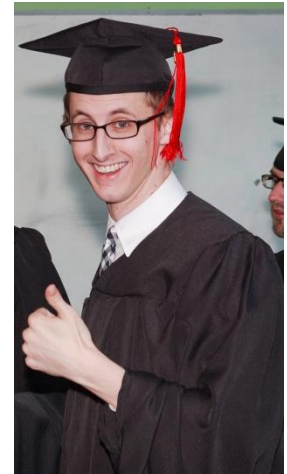
Long-run impact of tax and benefit reforms introduced between May 2015 and April 2019 by income decile



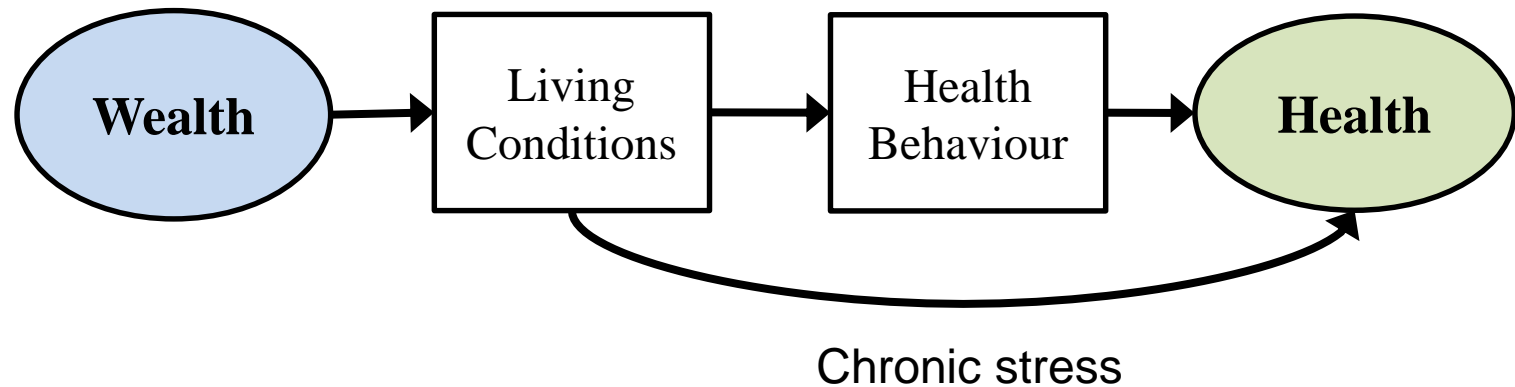
Understanding Causes

A lifetime perspective on
the wealth-health link

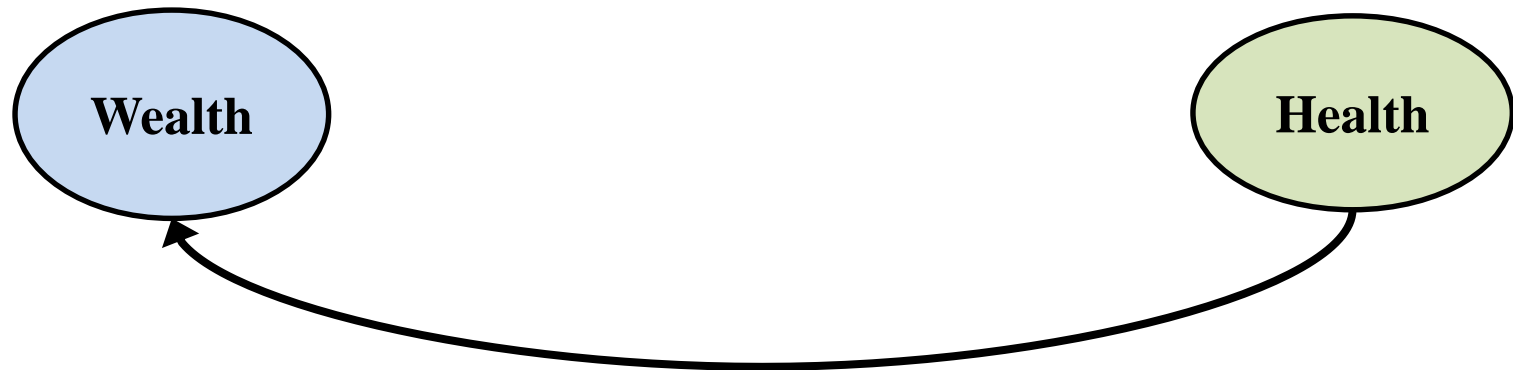
1: Family inheritance and childhood development



2: Living conditions

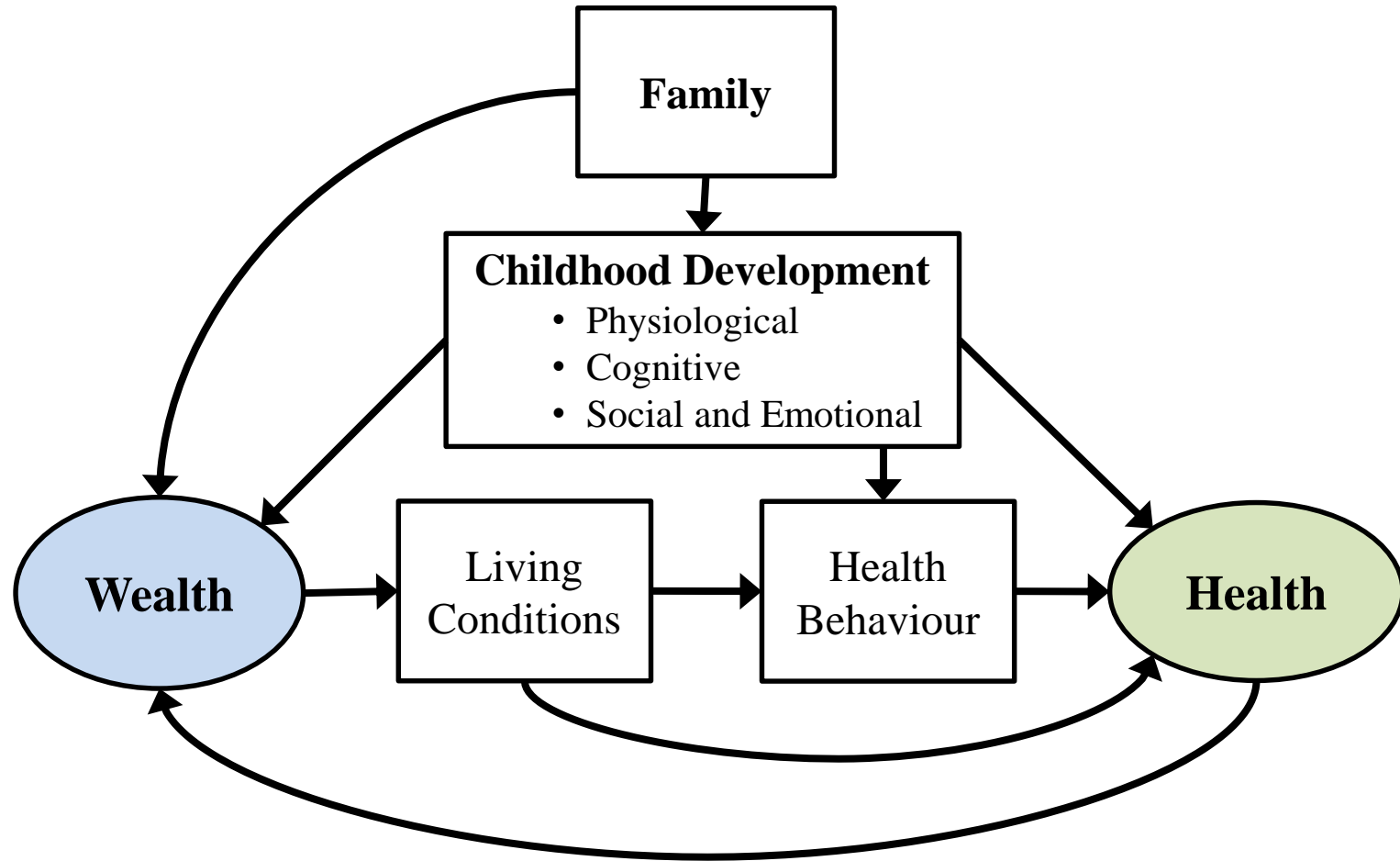


3: Ill-health impacts on wealth

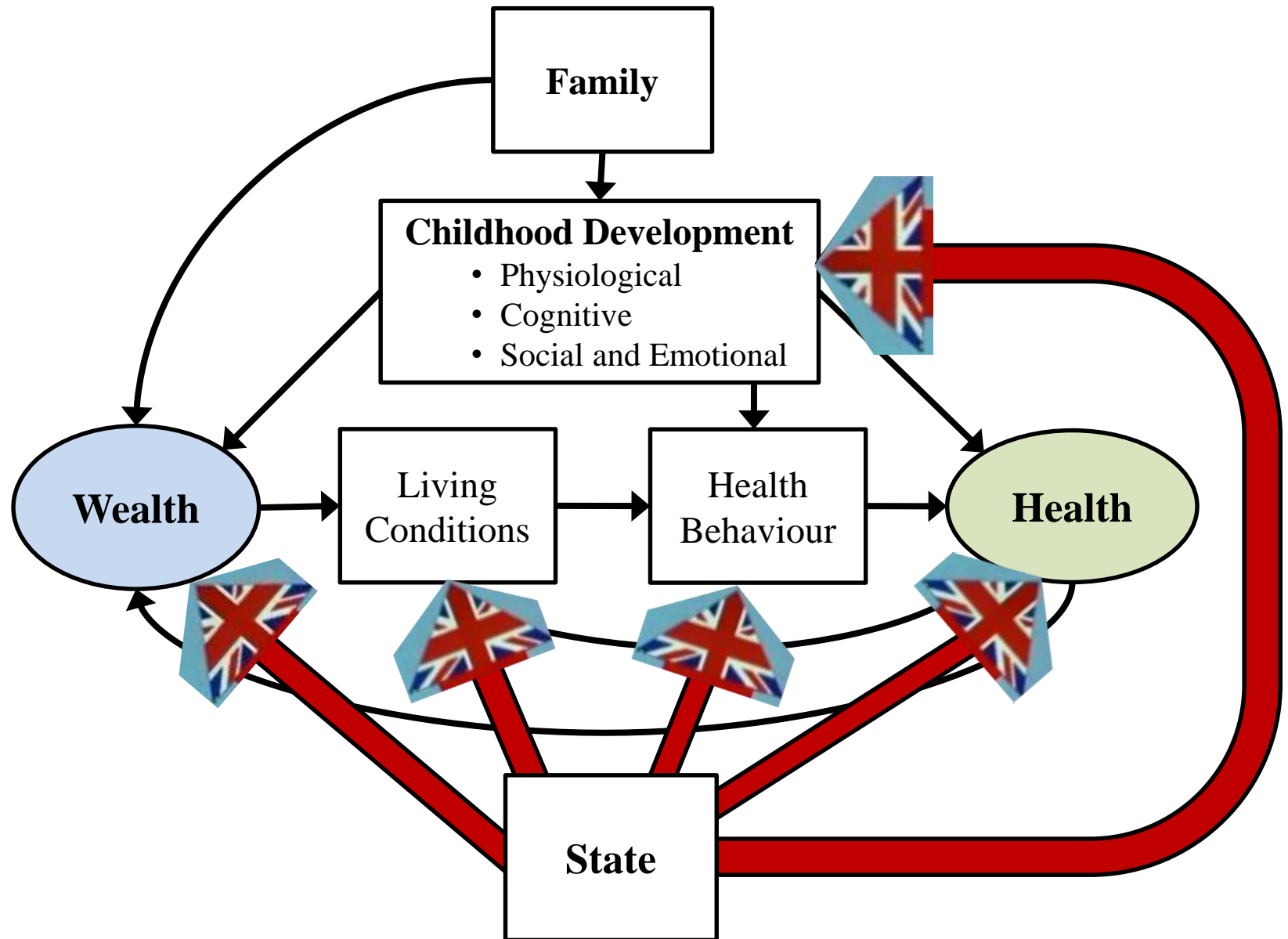


Mental and physical ill-health reduce earnings and increase costs of health and social care

The wealth-health link



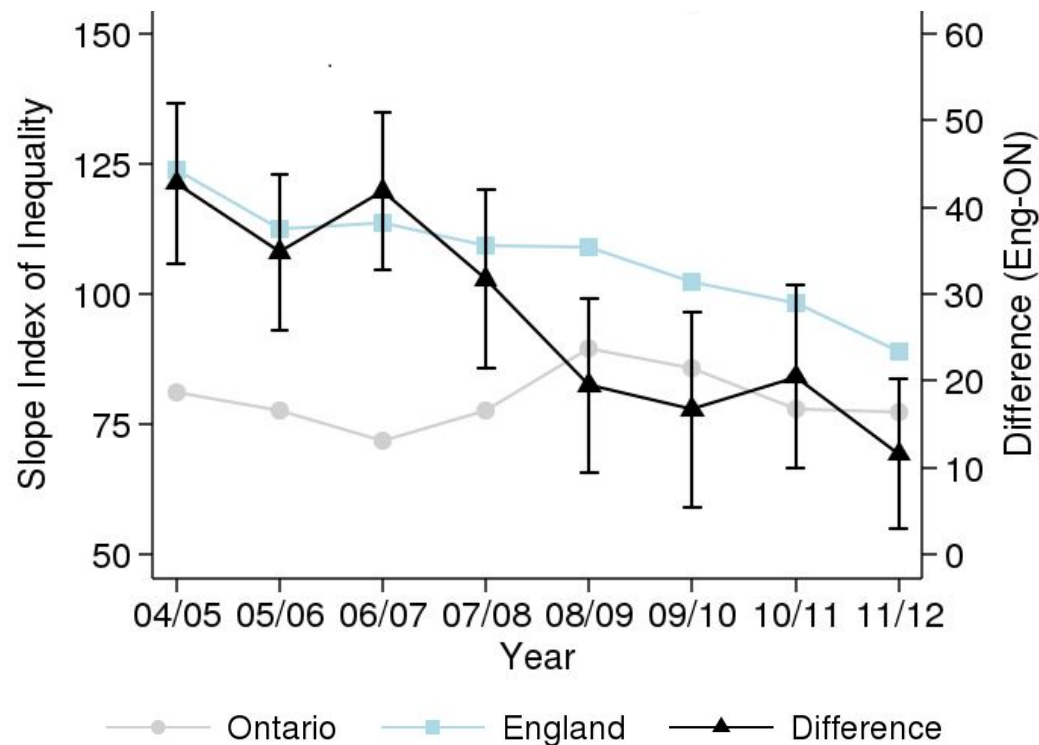
Breaking the wealth-health link



Can the NHS reduce health inequality?

Yes it can!

Inequality in mortality amenable to health care England vs. Ontario, 2004-11



Clarifying Principles

Why clear thinking about the ethics of
reducing health inequality requires
a lifetime perspective

Who are the worse off?

e.g. Should the NHS fund: (1) a new drug for skin cancer or (2) screening for maternal depression?

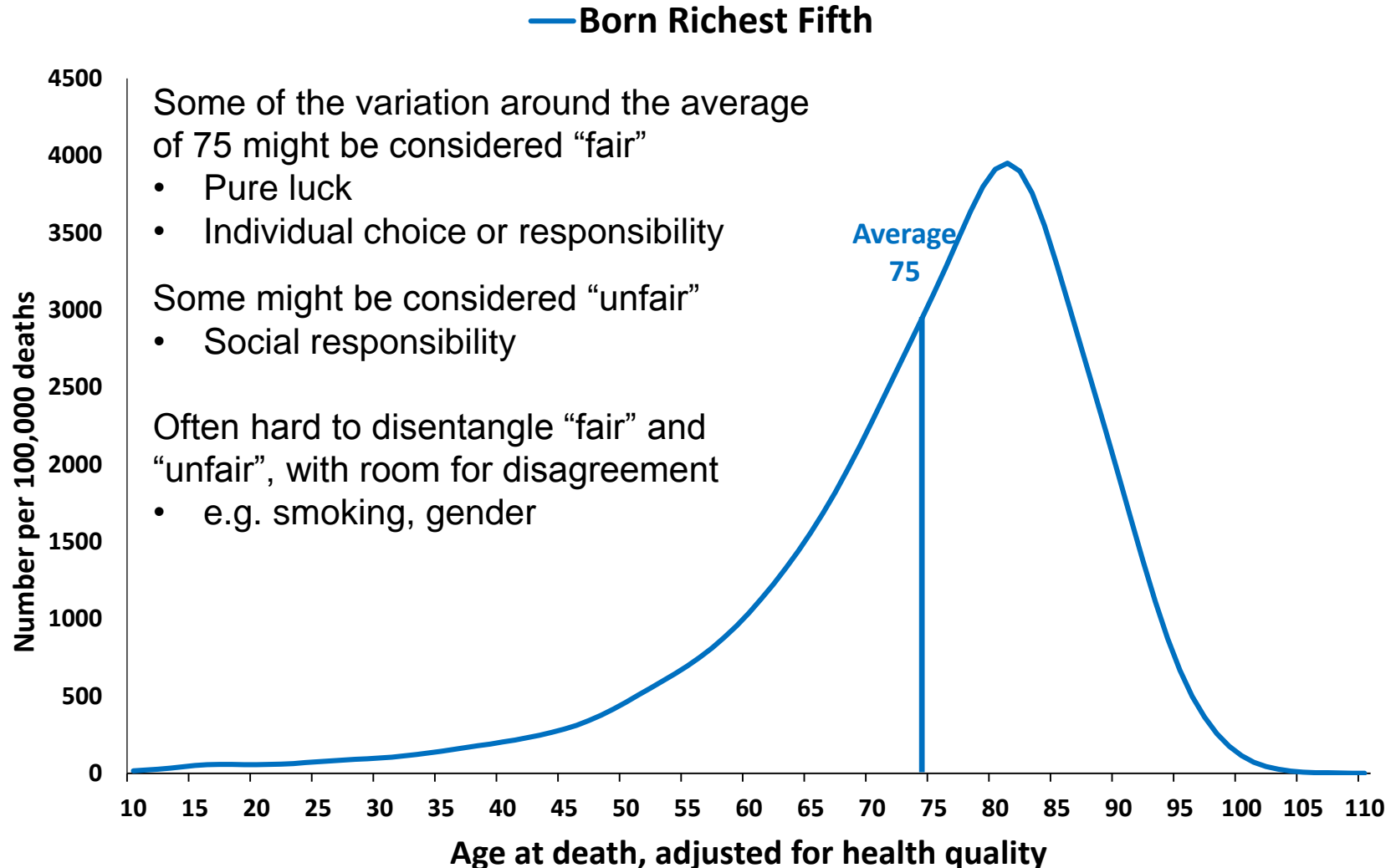
- Current health perspective
 - Skin cancer: greater severity of illness; more immediate and certain health gains
- Lifetime health perspective
 - Maternal screening: disproportionately benefits poorer mothers and children with low life expectancy at birth
 - More than half of skin cancer deaths in the UK are in people age 70 or over

The lifetime health perspective gets short shrift

- Not promoted by conventional or social media
- Not protected by legislation
- Not quantified by policy analysts

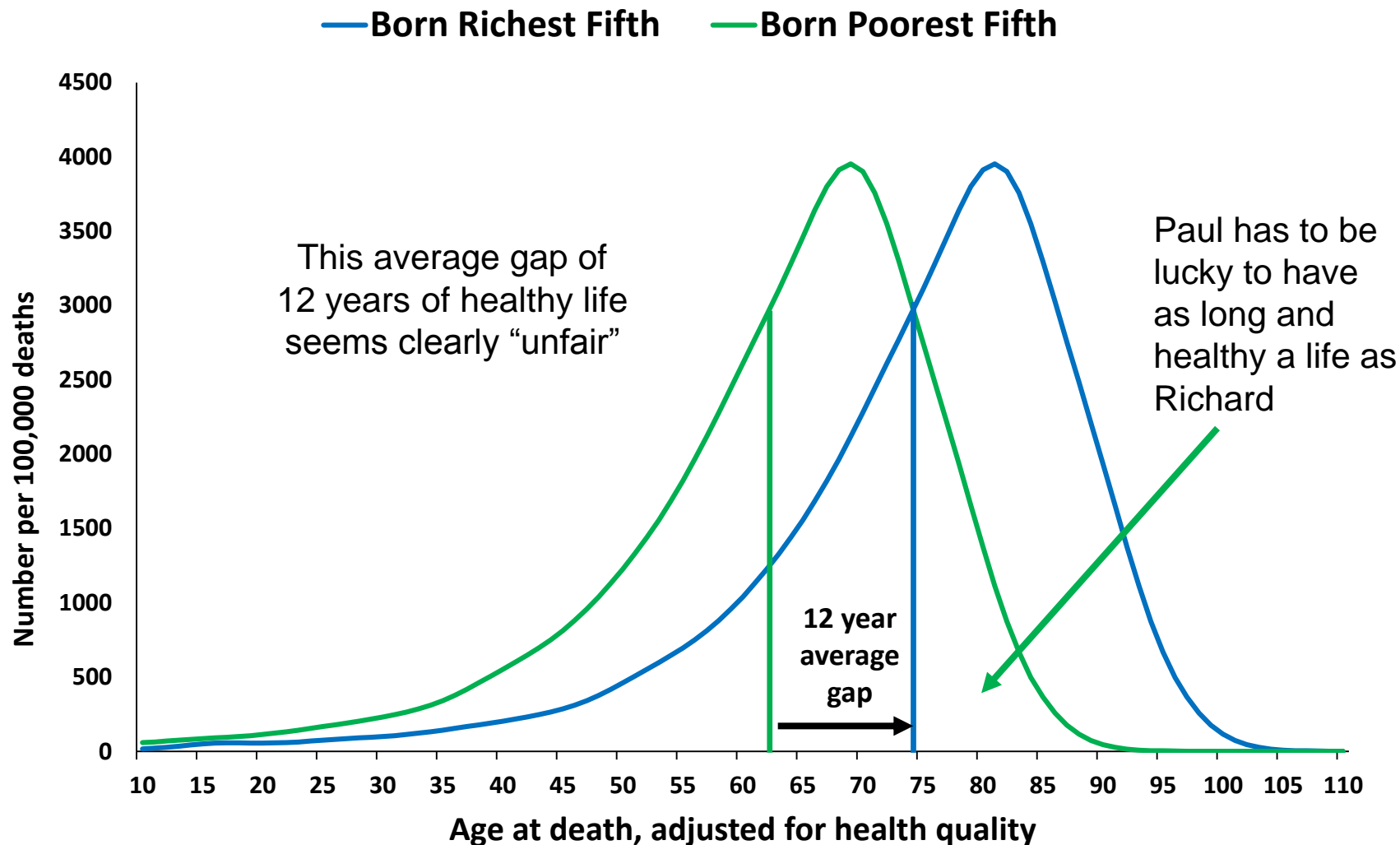
The lifetime health perspective

Fictitious example, loosely based on data for England in 2010



The lifetime health perspective

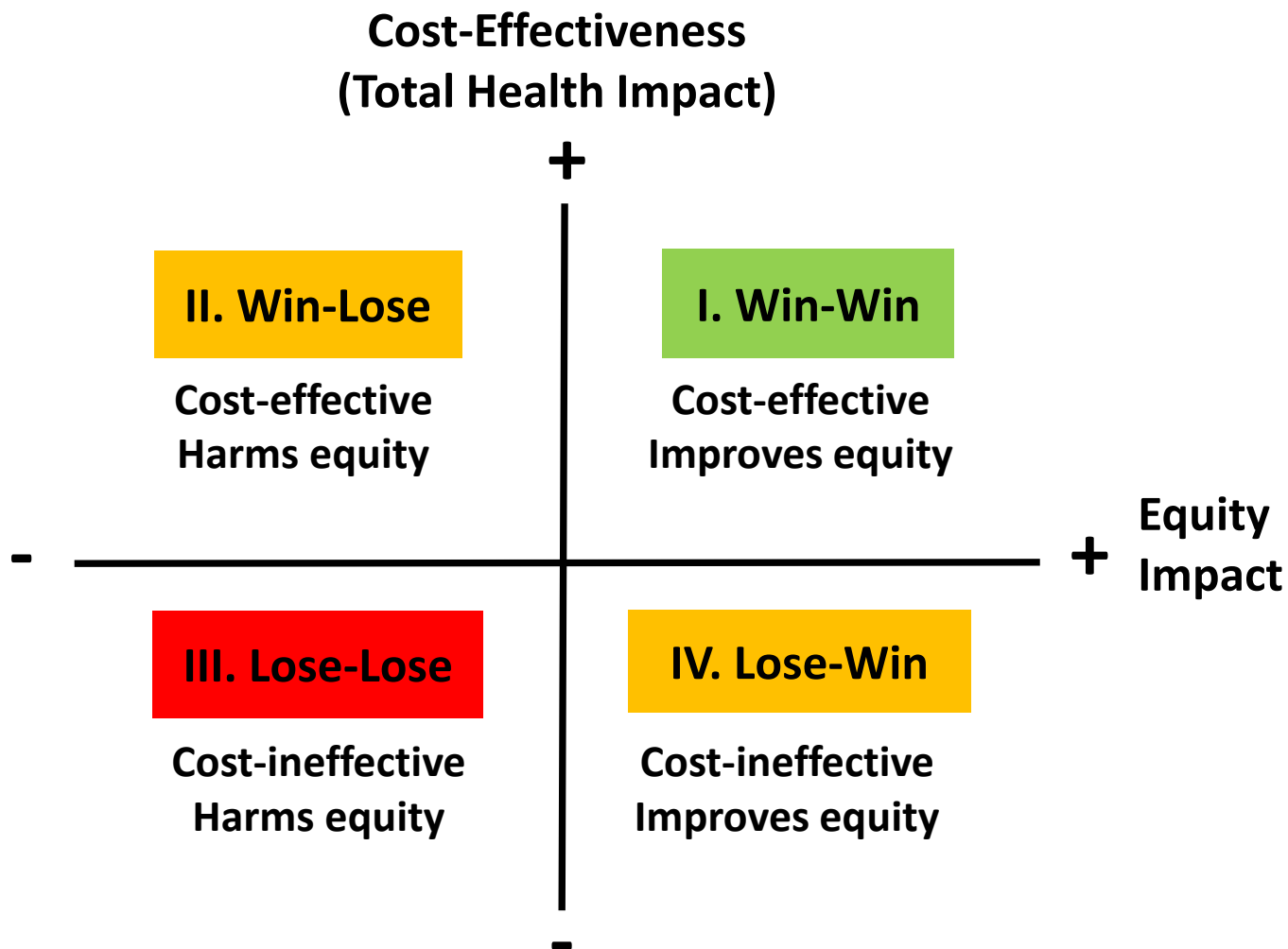
Fictitious example, loosely based on data for England in 2010



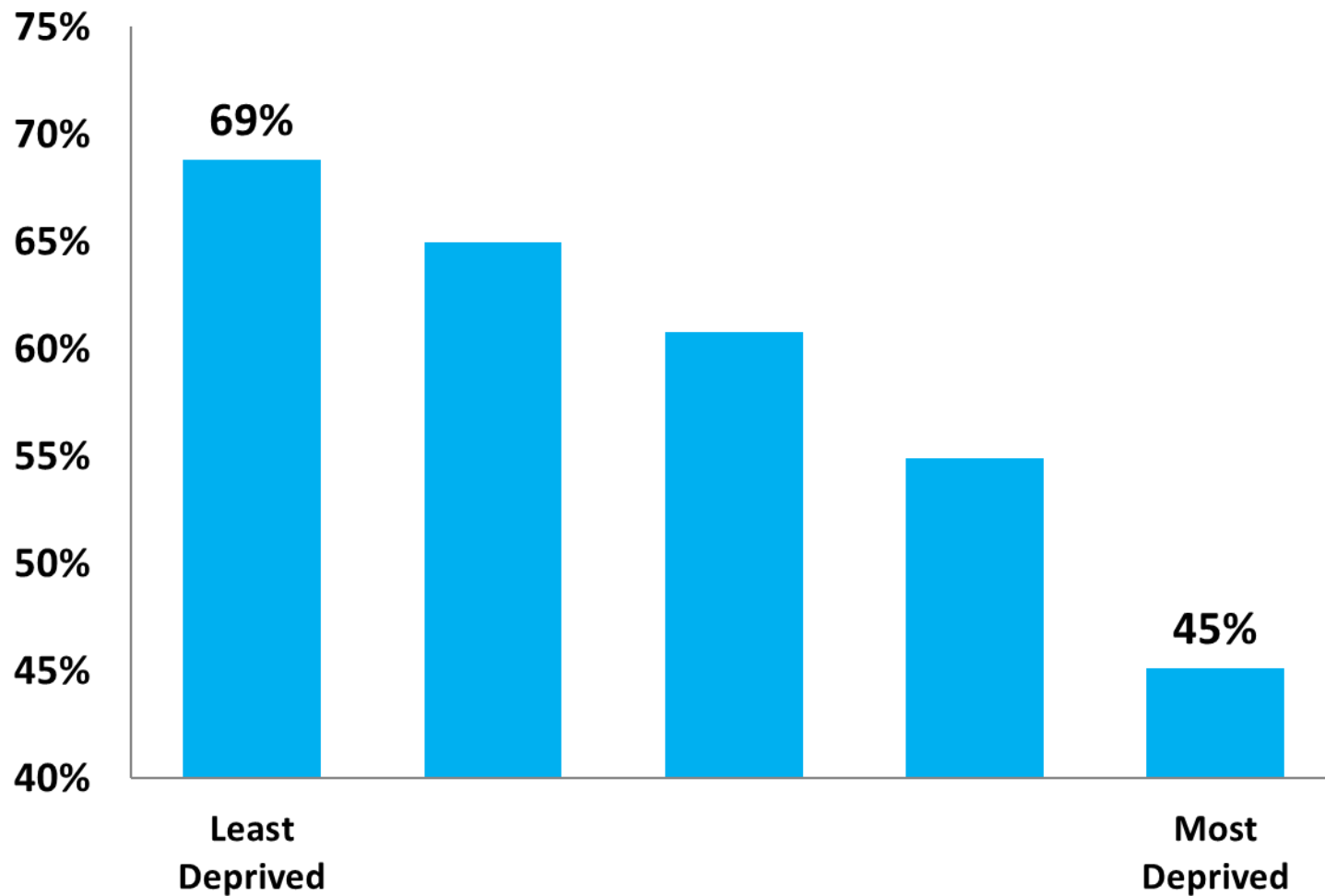
Finding Solutions

Equity-informative
health economic evaluation

Health Equity Impact Plane



Unequal uptake of bowel cancer screening, UK

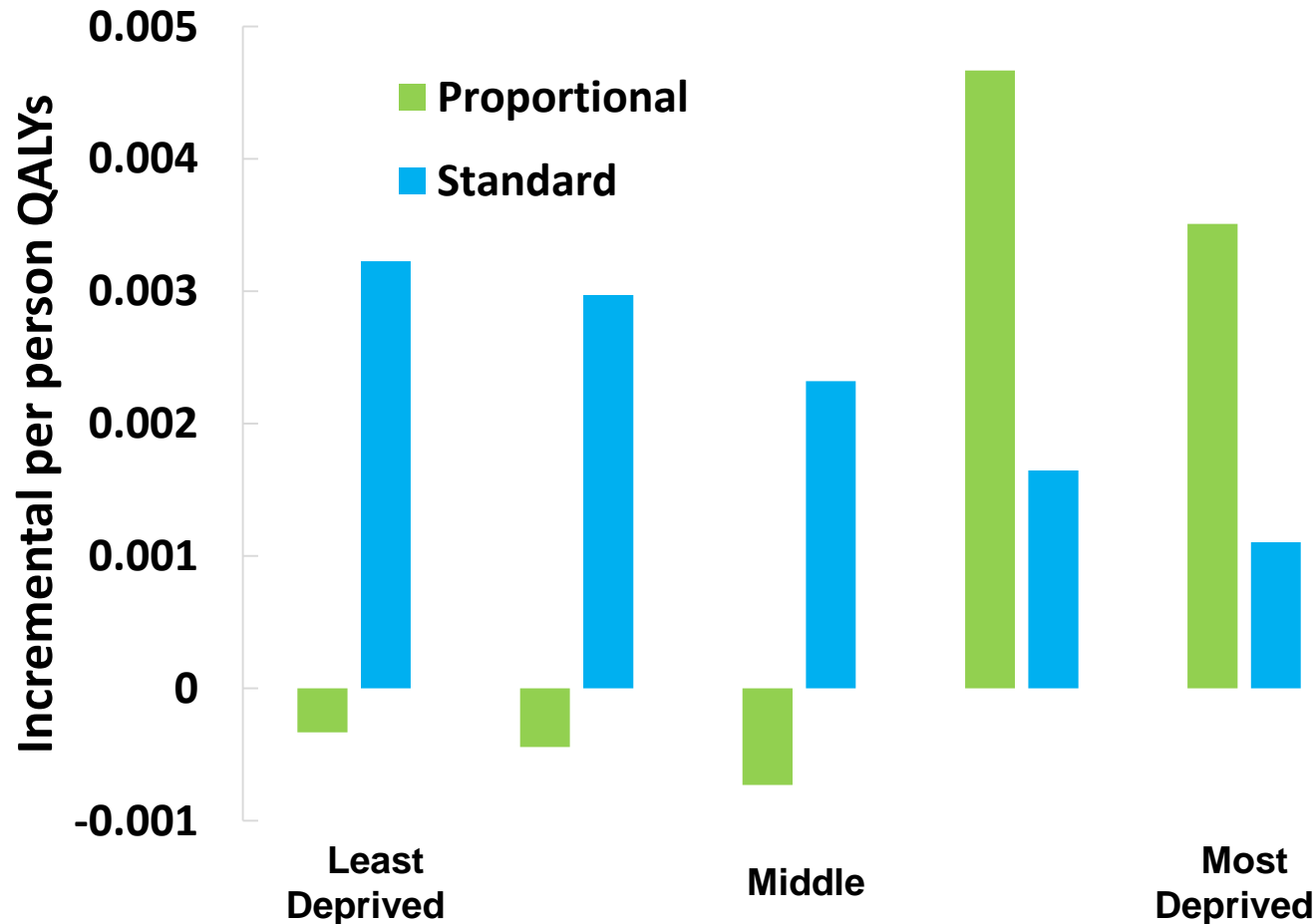


Bowel cancer screening reminders

Standard approach (“Win-Lose”)

vs.

Proportional approach focusing on deprived (“Lose-Win”)



Understanding Causes

Clarifying Principles

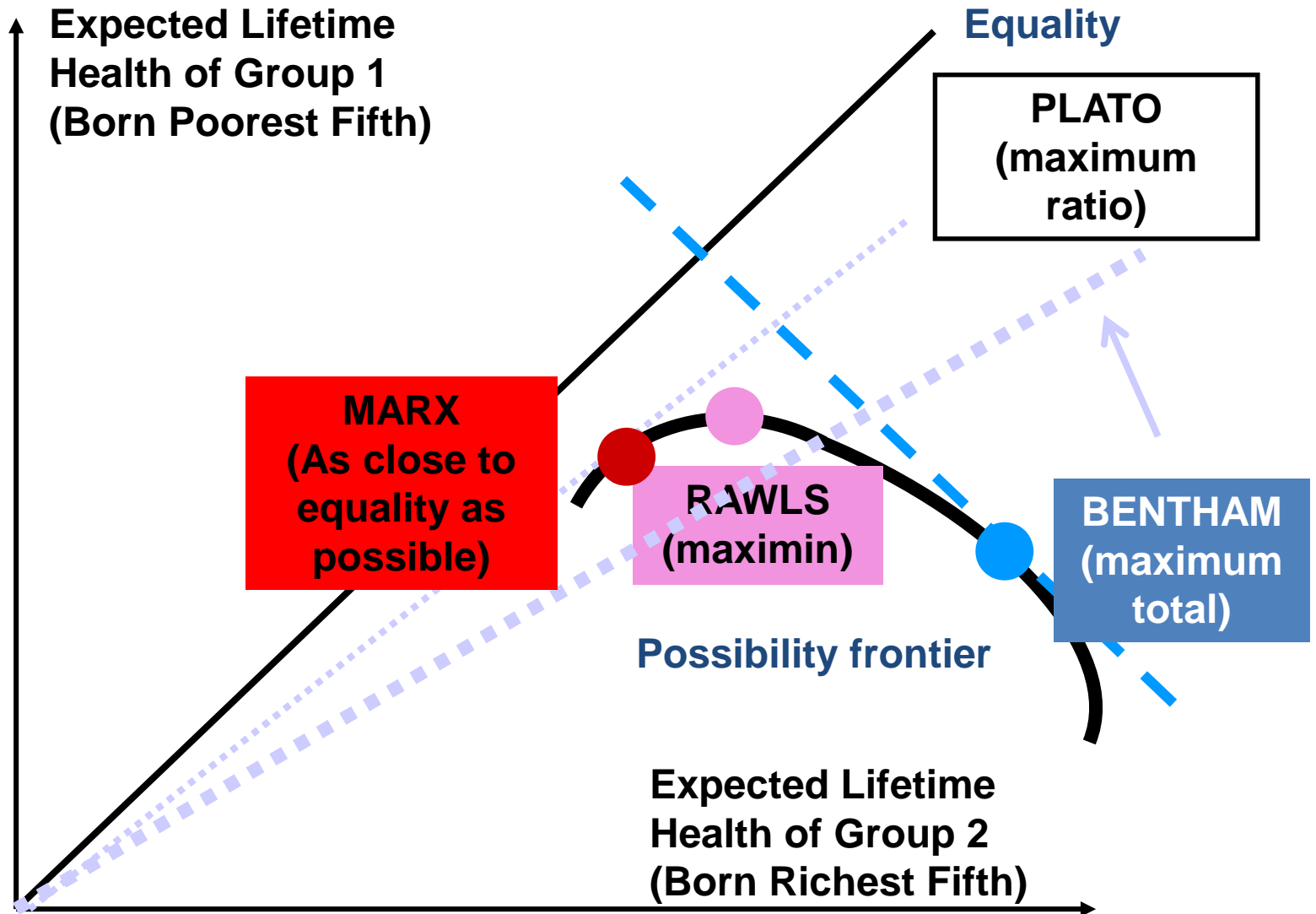
Finding Solutions

Confronting Trade-Offs

Monitoring Progress

Confronting Trade-Offs

How much do you care about
reducing health inequality versus
improving total health?



Theories of justice...applied to health

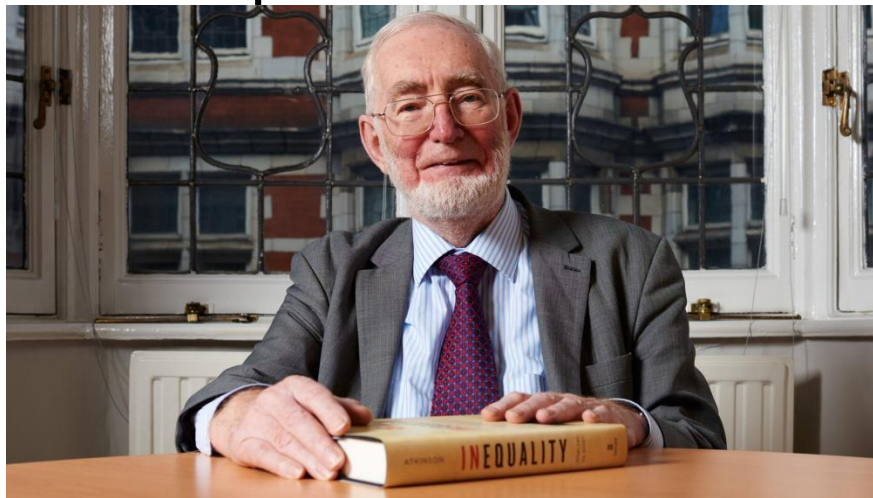
Understanding Causes

Clarifying Principles

Finding Solutions

Confronting Trade-Offs

Monitoring Progress



Expected Lifetime
Health of Group 1
(Born Poorest Fifth)

Expected Lifetime
Health of Group 2
(Born Richest Fifth)

Equality

ATKINSON
(priority to the
worse off)

Theories of justice...applied to health

Understanding Causes

Clarifying Principles

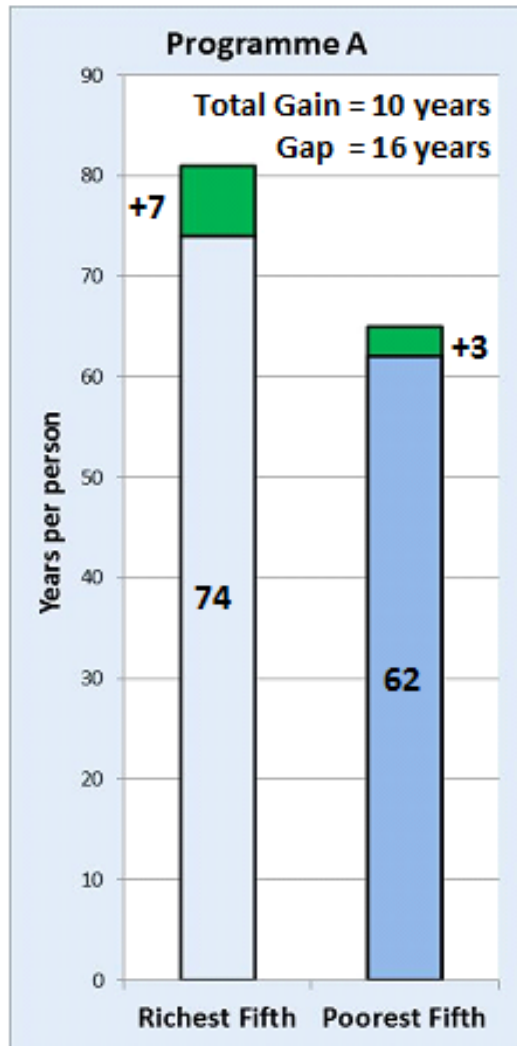
Finding Solutions

Confronting Trade-Offs

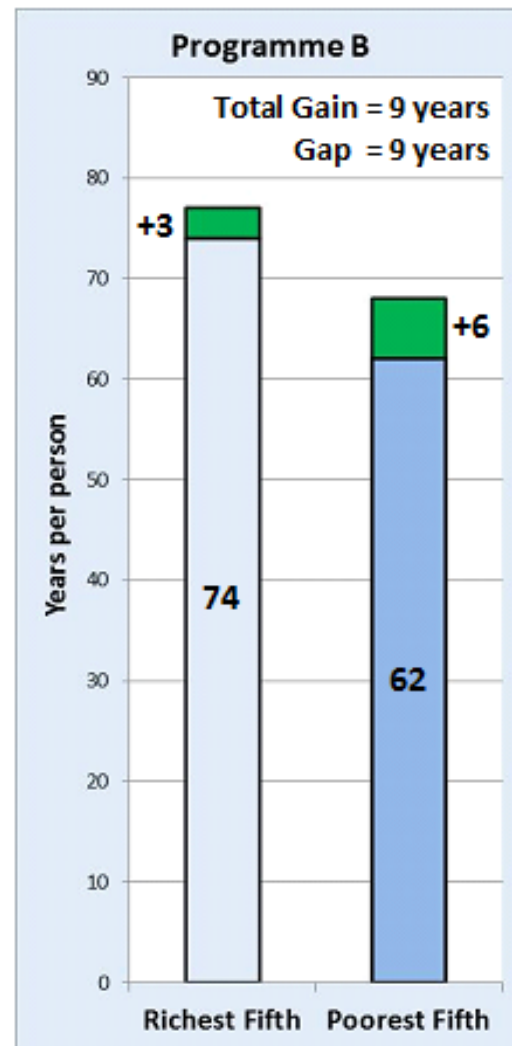
Monitoring Progress

Setting Equity Benchmarks

3.



After: 81 years 65 years



After: 77 years 68 years

Programme A ☐

Programme A and B
are equally good ☐

Programme B ☐

Monitoring Progress

Equity-informative
quality assurance

NHS

NHS success in tackling health inequality varies hugely across England

Researchers find some clinical commissioning groups are much better at tackling health inequalities than others

Sarah Boseley Health editor

Saturday 20 August 2016 07.00 BST



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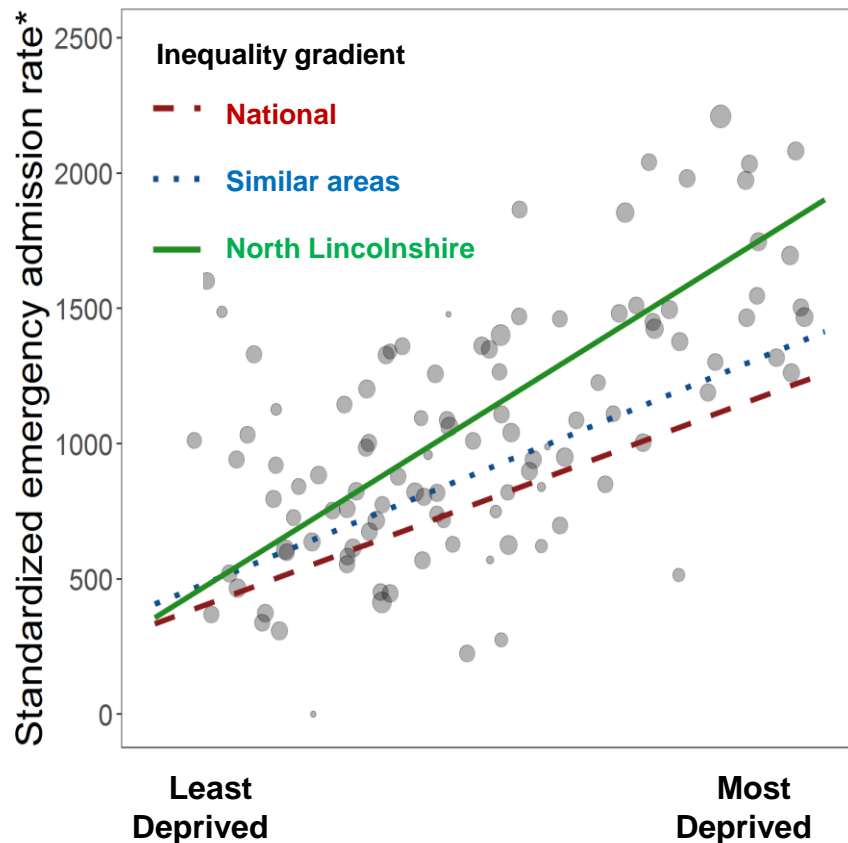
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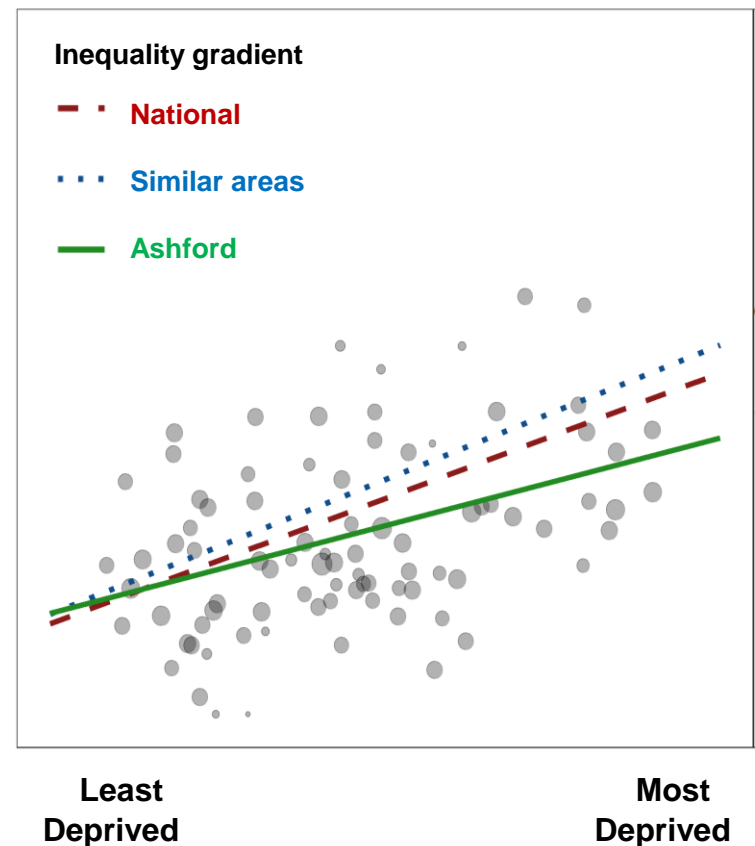
Health care outcome inequality in your area

Preventable emergency admissions in each neighbourhood,
by deprivation

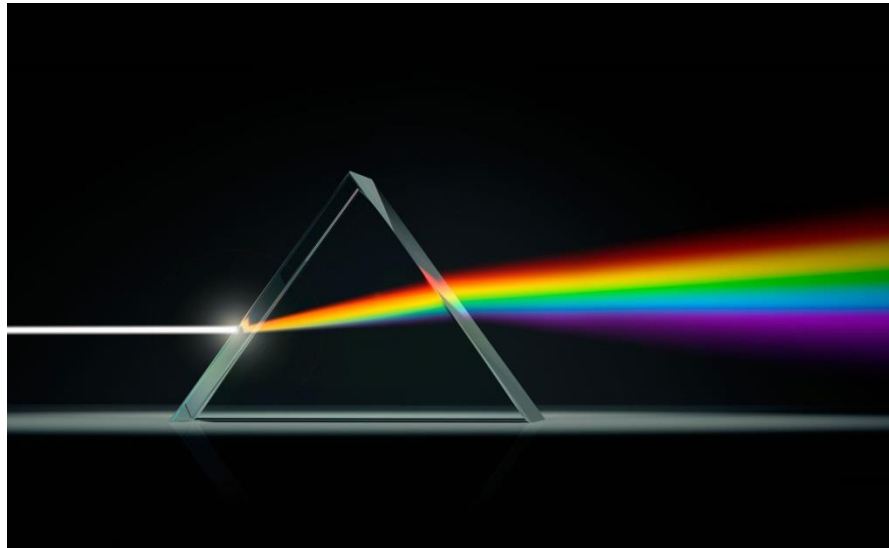
North Lincolnshire



Ashford



Source: Hospital episode statistics 2015, * indirectly standardised for age and sex



Conclusion