Starting a conversation on health inequality

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Why have a national conversation?
Who did we talk to?

- 19 public health stakeholders (DPHs, councillors and voluntary sector representatives)
- 87 members of the public across five locations
- 130 respondents to the mailbox
The three biggest issues
Broaching the topic of health inequality

“It depends who you're asking and what circumstances they're living in. Some will be aware that they are more fortunate in their circumstances and that they're likely to live longer, healthier lives than their counterparts. Others living in more deprived and challenging circumstances may not be so aware. It depends on your opportunities to compare your own circumstances and outcomes with others and they're not always readily available for people to have a sense of.”
The final inequality

Public services  Education  Housing

Environment  Income  Employment

Health
Bringing health inequality to life

Information  
Discussion  
Activities
Health inequality?

Discrimination

Unequal access
Health inequality?

Discrimination

Unequal access
It’s a personal and multi-faceted topic
It’s a personal and multi-faceted topic
It’s a personal and multi-faceted topic
It’s a tough decision

Advantaged
- Will remain healthy
- Will remain very sick

Disadvantaged
- Will remain healthy
- Will remain very sick

Four people can be moved to reflect priorities for resource spend.
It’s a tough decision

Equality in allocation

<table>
<thead>
<tr>
<th>Advantaged</th>
<th>Disadvantaged</th>
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<tbody>
<tr>
<td>Will remain healthy</td>
<td>Will remain very sick</td>
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Advantaged: 8 people remain healthy, 2 people remain very sick.
Disadvantaged: 4 people remain healthy, 6 people remain very sick.

Starting a conversation on health inequality
It’s a tough decision

Advantaged

Will remain healthy

Disadvantaged

Will remain healthy

Will remain very sick

Equality of outcome
It’s a tough decision

Advantaged

Disadvantaged

Priority to the disadvantaged

Will remain healthy

Will remain very sick
It’s a tough decision

Priority to the advantaged
It’s a tough decision

Random allocation

Advantaged

Disadvantaged

Will remain healthy

Will remain very sick

Will

remain

healthy

Remaining

very

sick
Coming out of the first workshops

Not where I live

What’s the link?
Coming out of the first workshops

Not where I live

What’s the link?

Starting a conversation on health inequality
Changing the focus

Stakeholders  Connections  Discussion
Clearer connections

Starting a conversation on health inequality
But, awareness and efficacy barriers
Taking the conversation forward
Taking the conversation forward
Lessons learnt

1. Leave health inequalities language and evidence at the door
2. Allow for an open discussion
3. People need help to make connections between health outcomes and wider determinants
4. People need to be inspired rather than educated
5. Stakeholders are key to the process
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