

Tackling the social gradient: What works?

Health Inequalities : New Policies for a new era: Titanic Building, Belfast, 25th October 2012.

Professor Mike Kelly PhD FFPH Hon FRCP FRCP Edin

Director of the Centre for Public Health Excellence, the National Institute for Health and Clinical Excellence (NICE) .

NICE

The National Institute for Health and Clinical Excellence (NICE) is the independent organisation in the UK responsible for providing national guidance to the NHS and the wider public health community on the **promotion of good health and the prevention** and treatment of ill health. Has had a public health role since 2005.



Definition of evidence based medicine

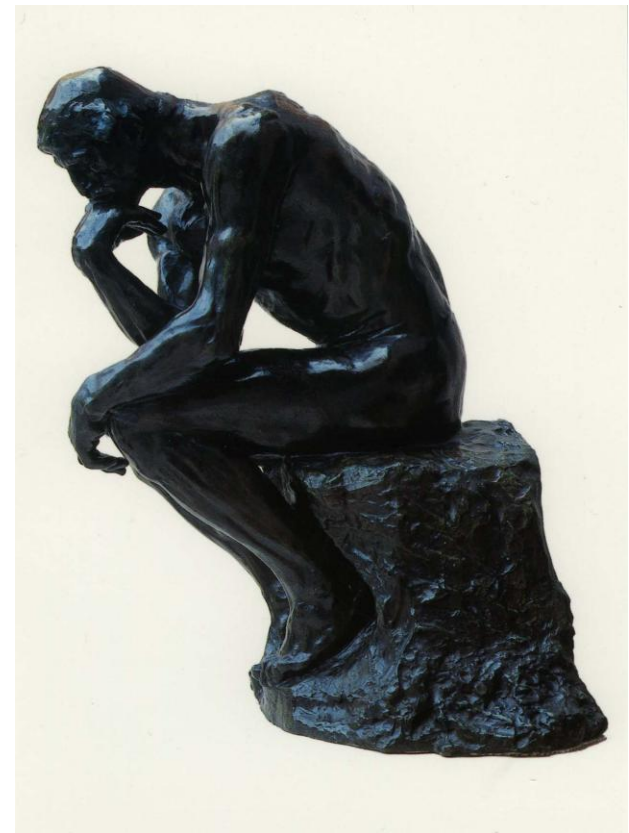
- ‘...the conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients’ (Sackett et al, 1996: 71).

- Evidence based medicine starts from the premise that the platform for the practice of medicine should be the best available (meaning least biased and therefore most trustworthy) evidence.
- This offers the patient and public protection from medical incompetence, from other risks and from the inflated claims of drug effectiveness made by a profit driven pharmaceutical industry (Greenhalgh, 2001).
- And...inflated claims of public health practitioners?

Evidence based public health

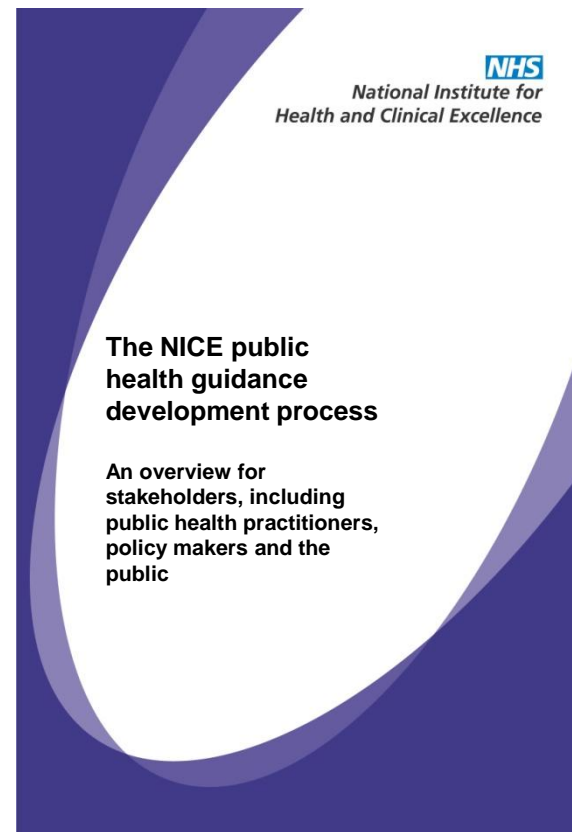
Methodological principles governing all NICE's work

- Base recommendations on the best available evidence.
- To determine cost effectiveness using the QALY.
- To be clear about scientific and other values
- To allow contestability.
- To be seen to be and to be independent of government, the pharmaceutical industry and other vested interests.

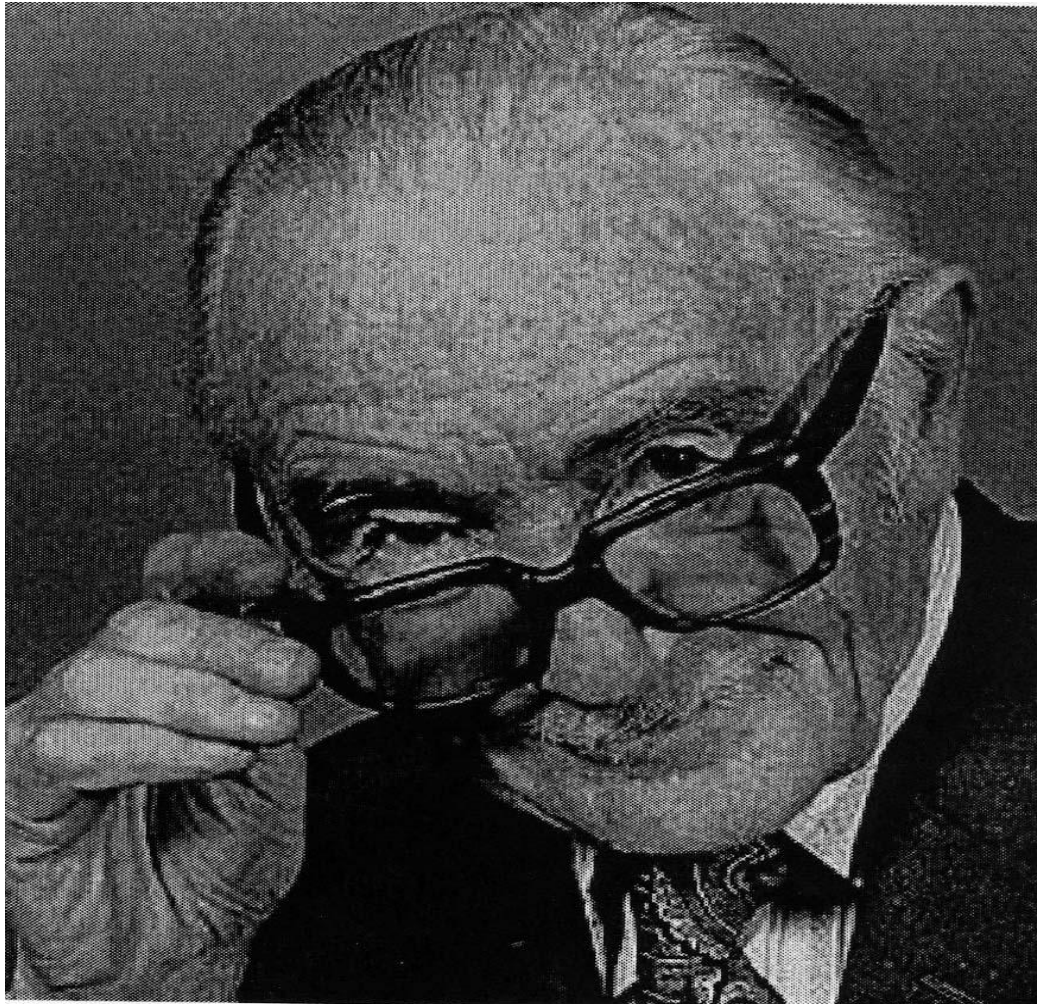


NICE methods for public health

Third edition
(October 2012)



Archie Cochrane



Effectiveness and Efficiency: Random Reflections on Health Services (1972)

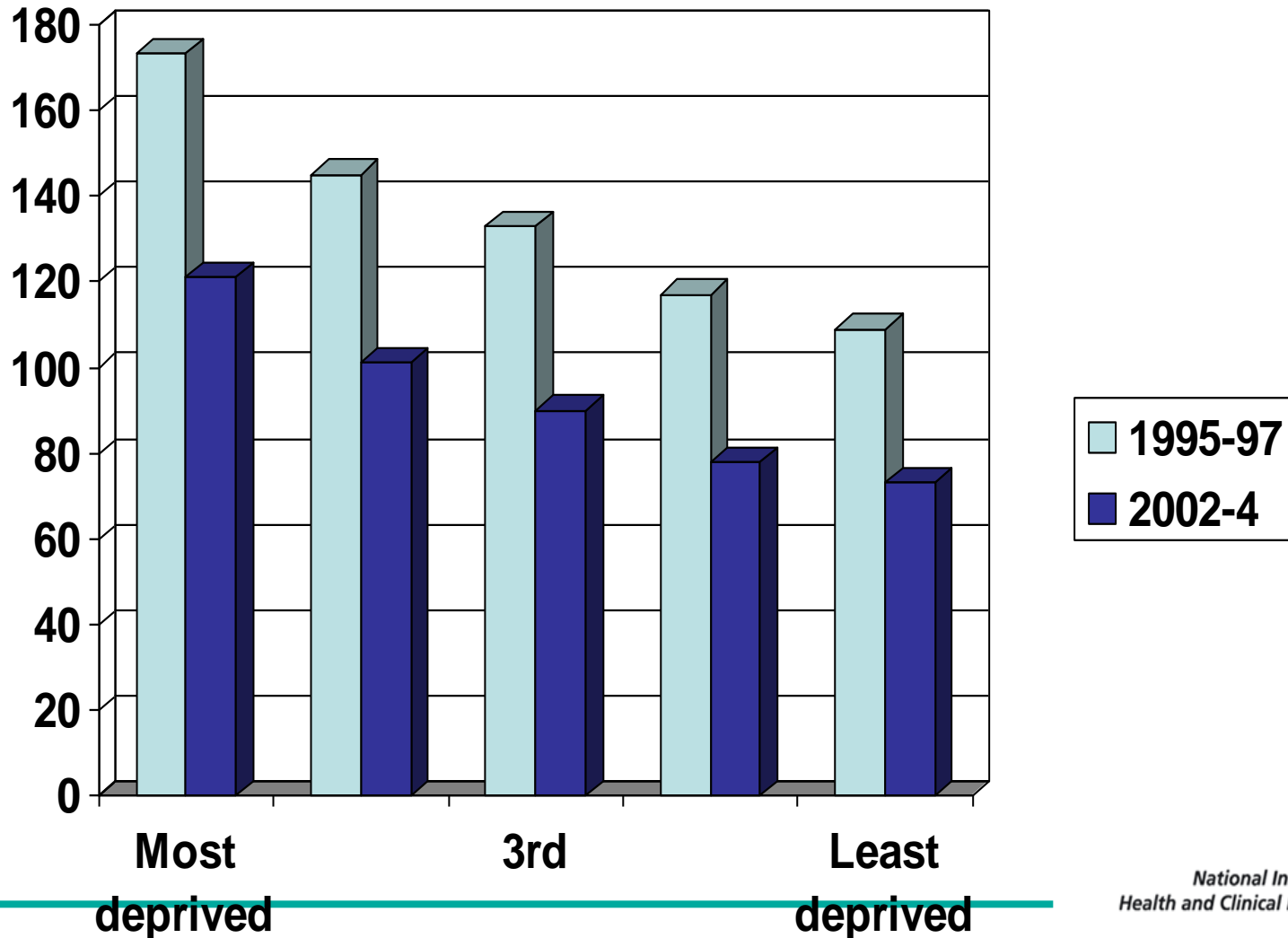
- Do we know whether intervention **x** for condition **y** is effective?
- How do we know it is effective?
- How do we know if it is more or less effective than intervention **z**?
- On what basis do we make that judgement of effectiveness?

Cochrane's principles applied to public health

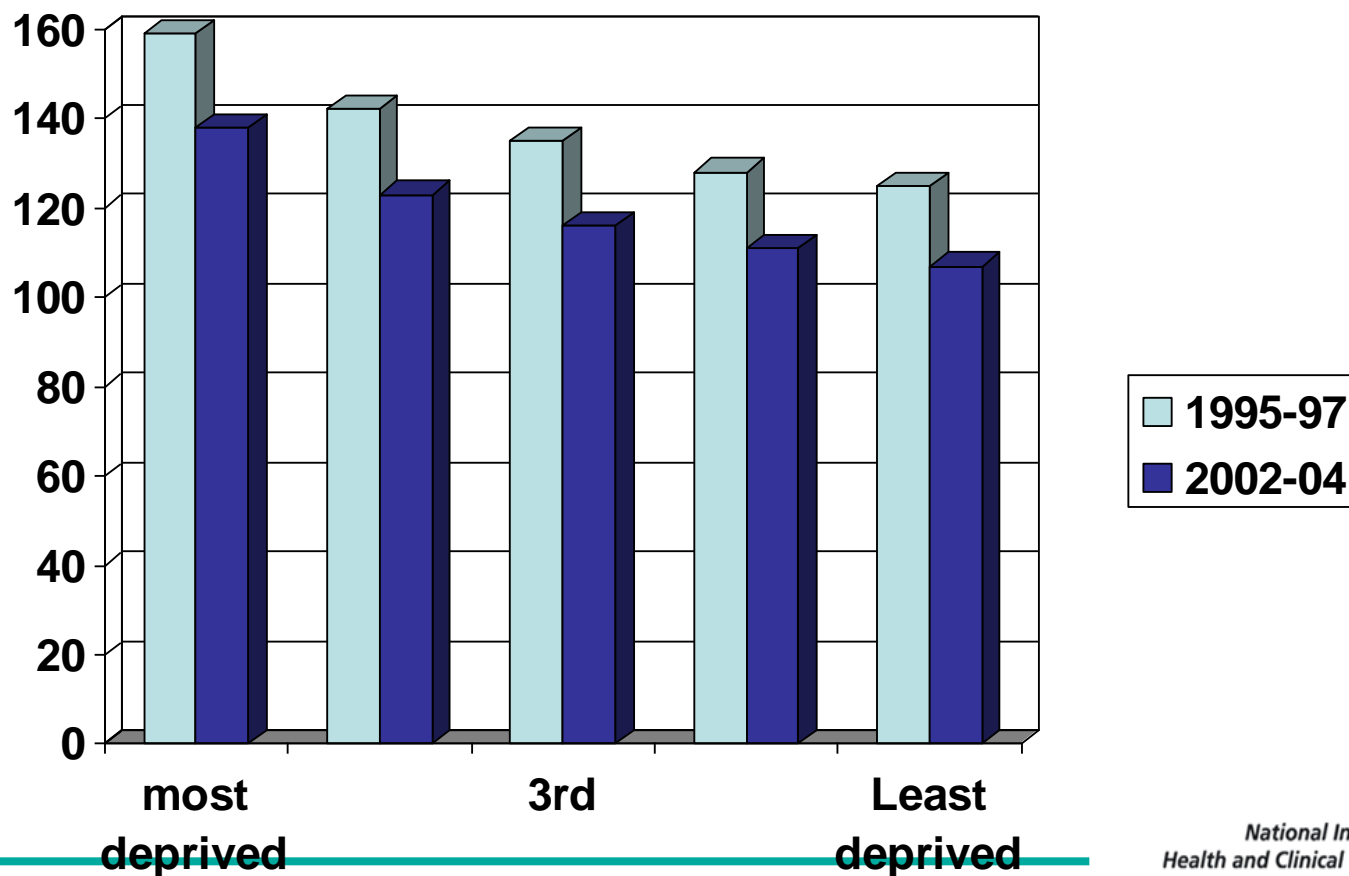
- Do we know what it costs?
- Is it cost effective?
- If it is not cost effective why is it still being used?
- What are the dangers posed to the population of interventions about which we are scientifically uncertain?
- Are the interventions dangerous?
- Why are we using potentially dangerous or worthless interventions?
- Do no harm.

What about health inequalities?

Age standardised death rates per 100,000 population for circulatory diseases under 75 by area of deprivation



Age standardised death rates per 100,000 population for cancer under 75 by area of deprivation



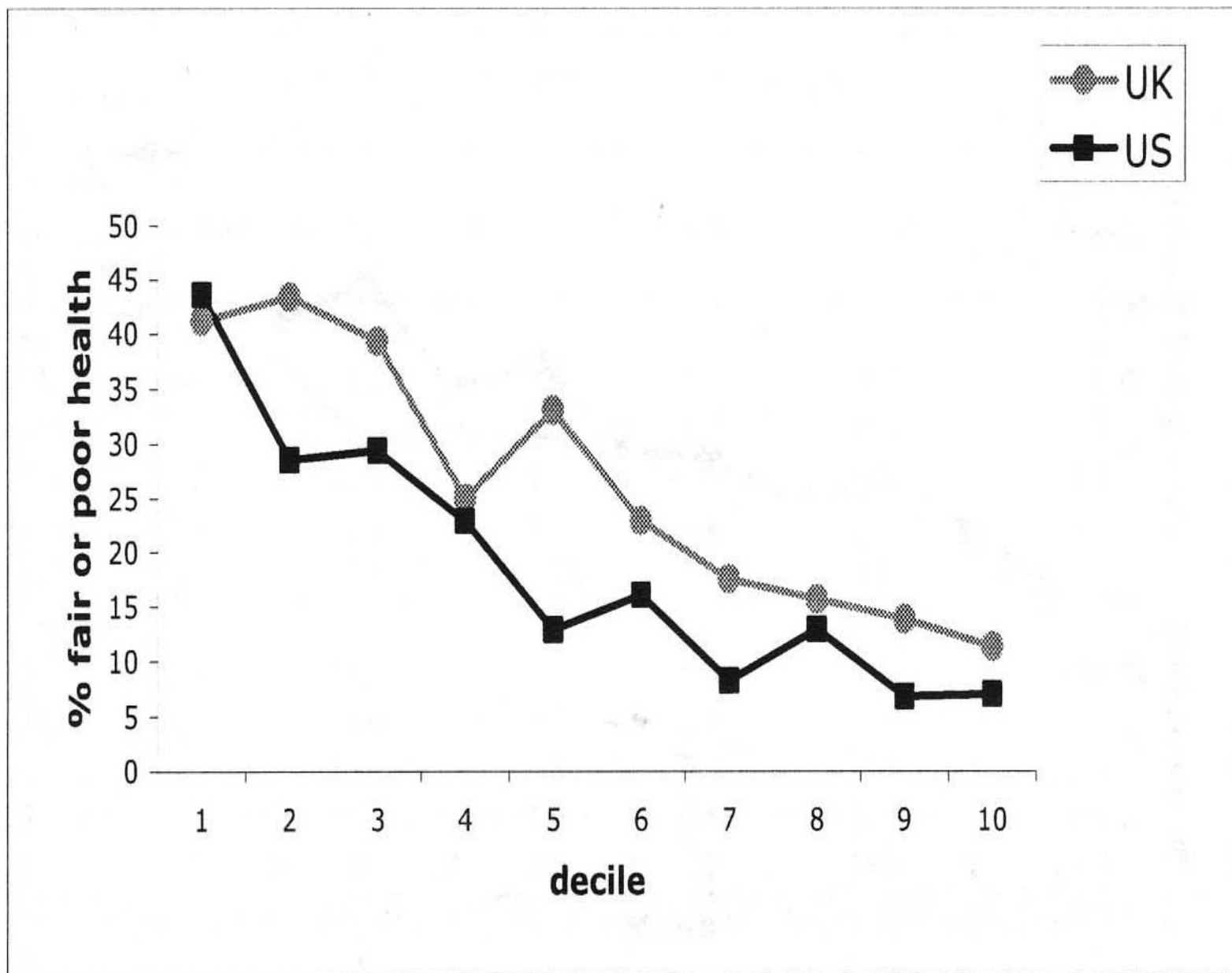
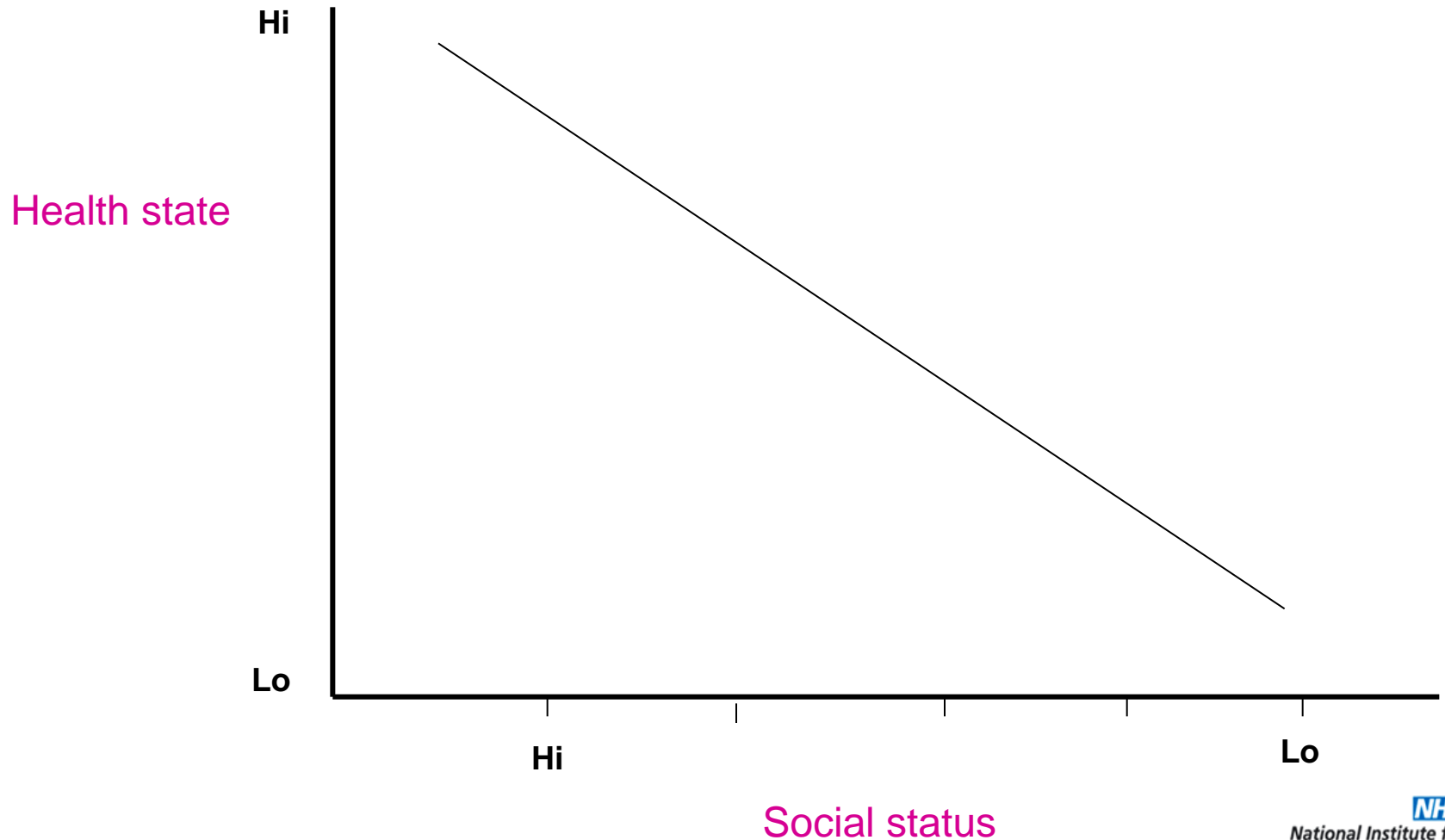
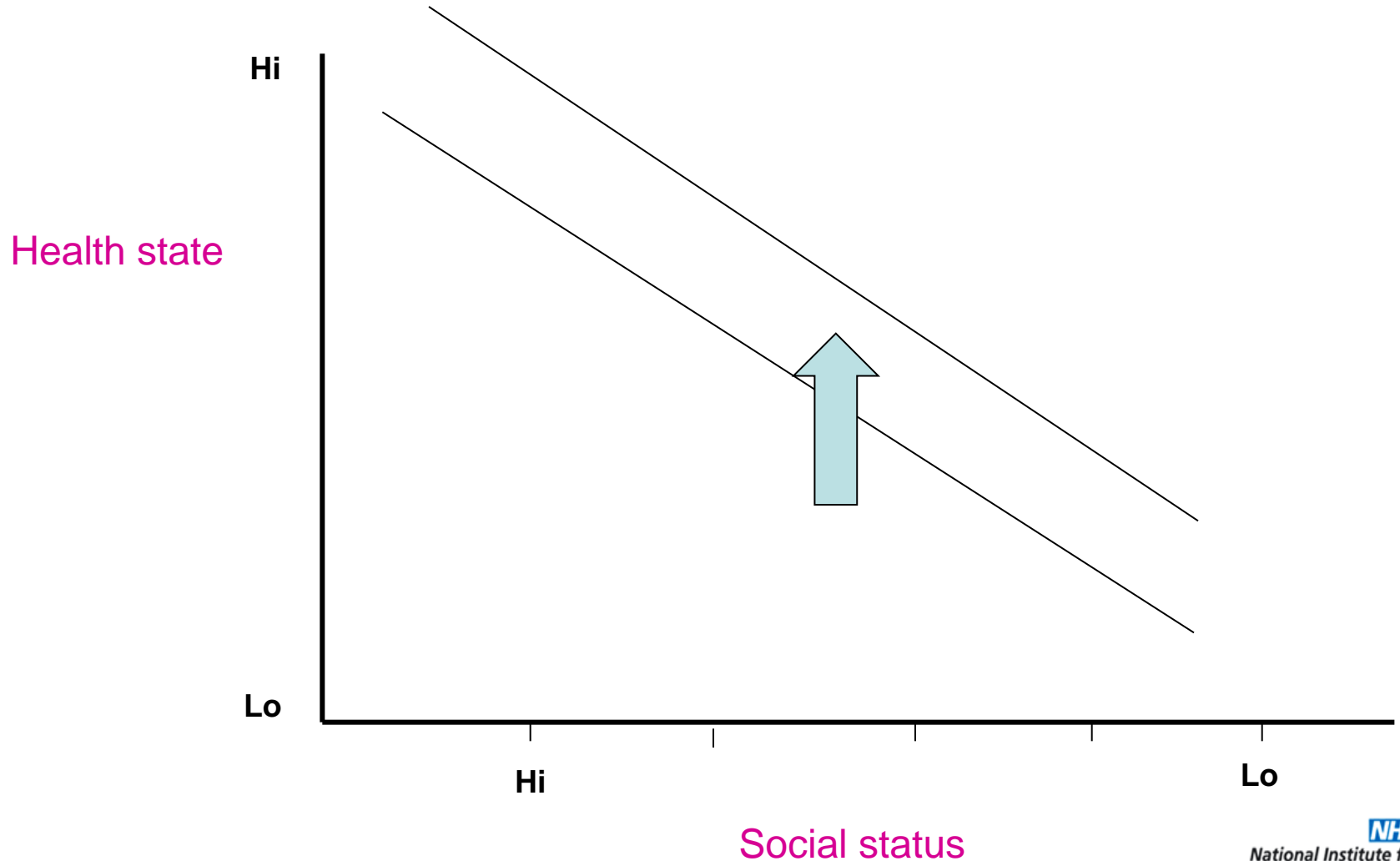


Fig. 2A. % in Fair or Poor Health by Income Deciles.

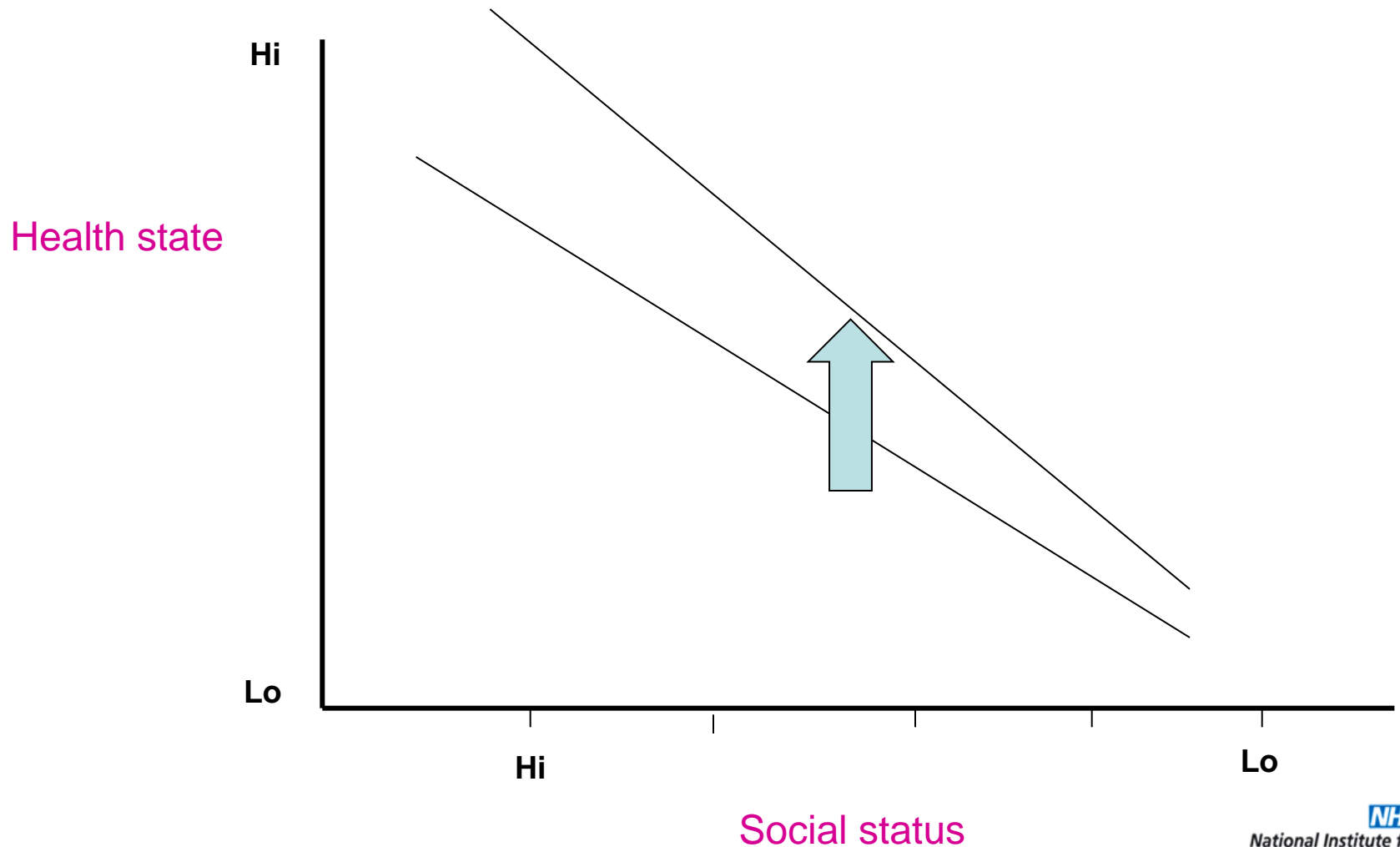
The health gradient



The health gradient



The health gradient



Shifting the health gradient

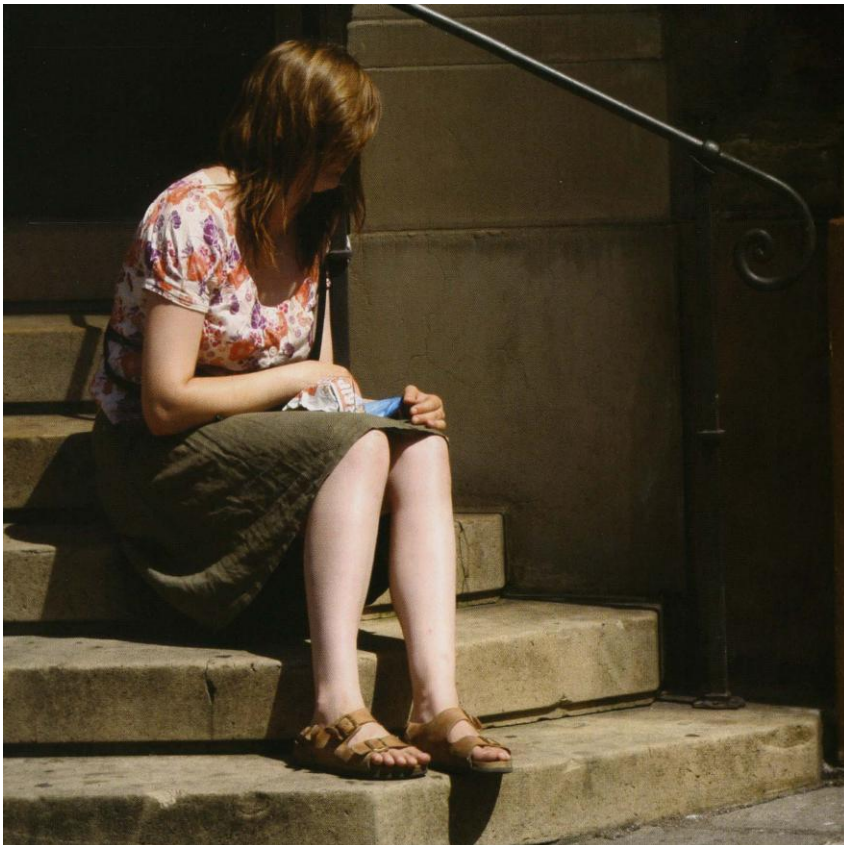


How do we tackle the different parts of the gradient?

Challenge 1 : The individual and social levels of explanation

Variables used in public health are either :-

Individual



Relational



Variables

Individual characteristics

Relational characteristic

Variables

Individual characteristics

- Blood pressure
- Height
- Personality –Introversion –
extraversion
- Morbidity
- Occupation
- Sex

Relational characteristic

Variables

Individual characteristics

- Blood pressure
- Height
- Personality –Introversion – extraversion
- Morbidity
- Occupation
- Sex

Relational characteristic

- Social class
- Gender
- Social status
- Tribe
- Caste

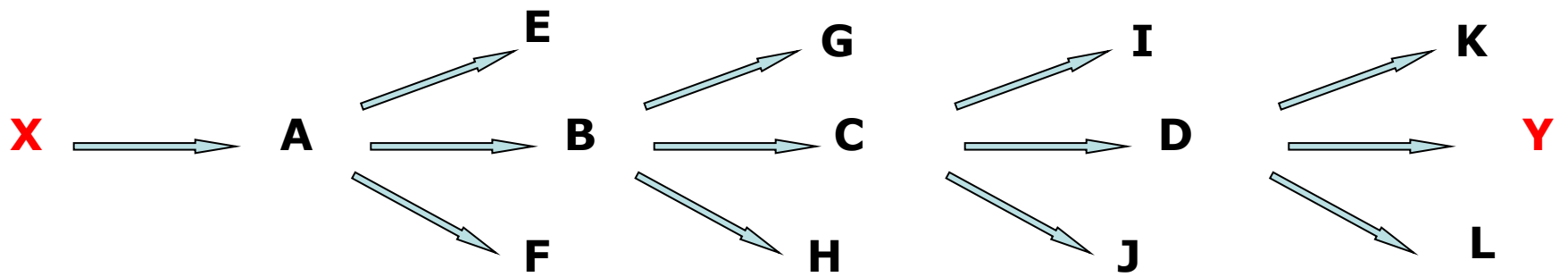
- Some variables are both,
- And many relational variables are treated as if they were individual ones.
- The evidence tends to muddle these two things.

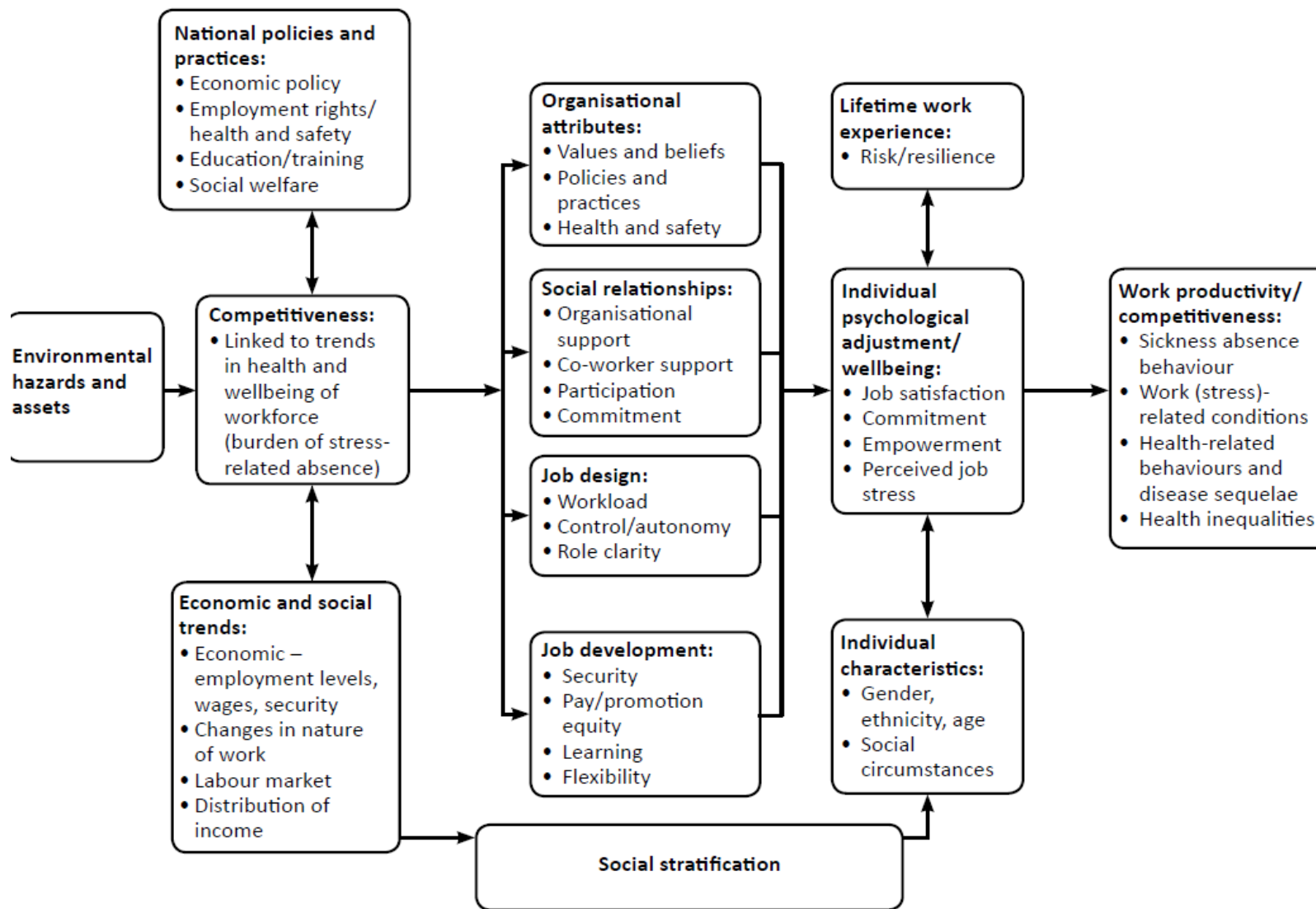
- The importance of distinguishing between the individual level explanation and the social level explanation.

- The importance of distinguishing between the individual level explanation and the social level explanation.
- Individual disease outcomes
- Patterning of disease at population level

Challenge 2: Causal Pathways from intervention to outcome.

- Is the issue one of individual level change?
- Is the causal pathway from the intervention to the outcome short?





Challenge 3: The gaps in the evidence

- Absence of good studies exploring the relationships between interventions and outcomes
- The absence of plentiful economic information about the costs of the activity.
- Lack of information about how the interventions were done in practice.

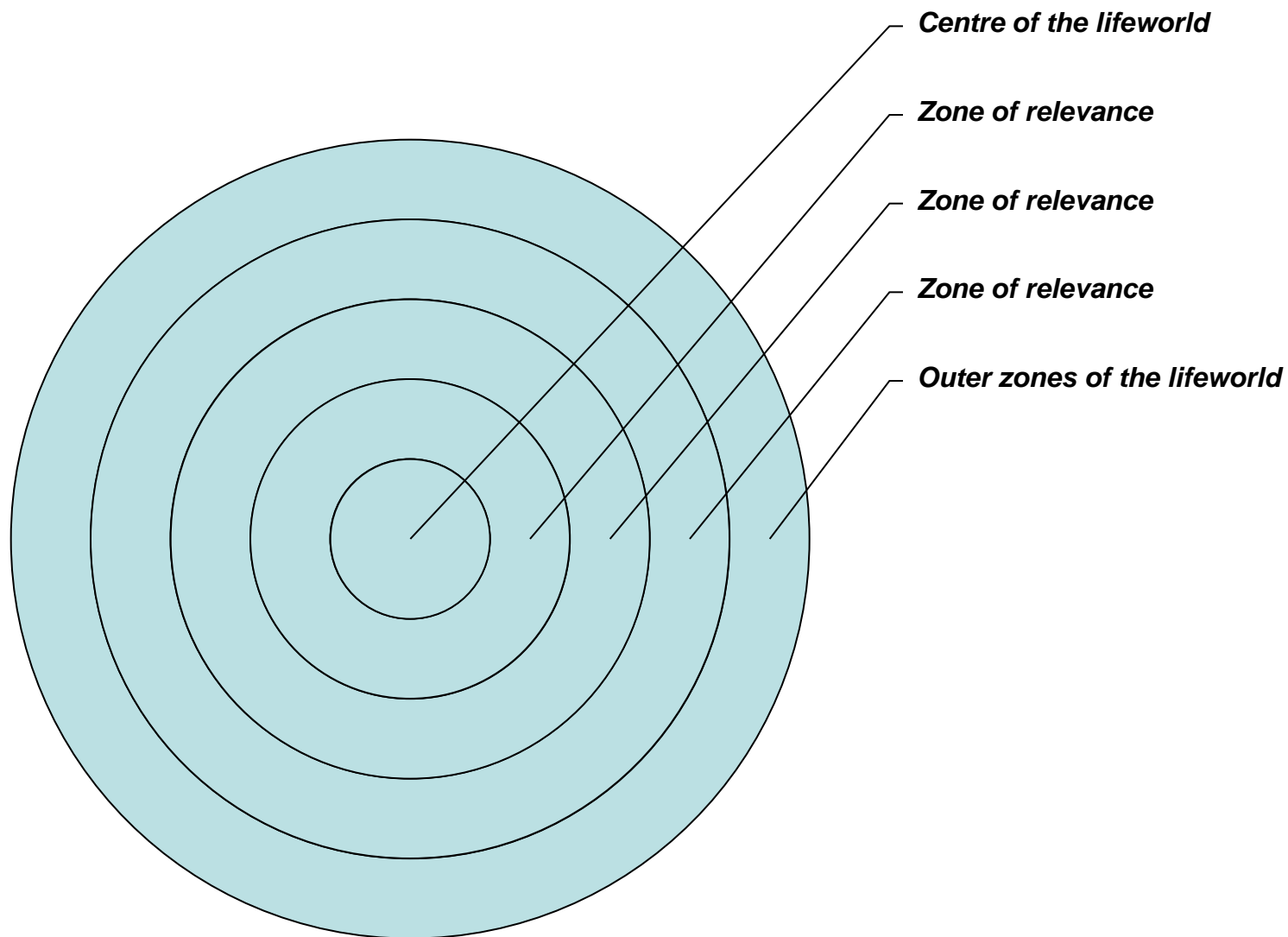
Challenge 4: The transferability of the evidence

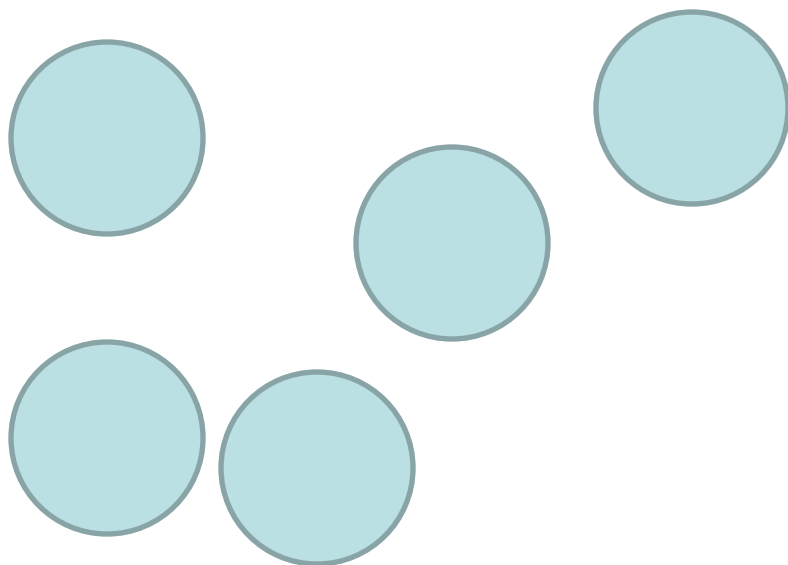
- Are there are clear reasons to assume that what has been observed in one area where the primary studies have been carried out would apply equally well in another area?
- Are the intervention itself is so well circumscribed that it is easy for practitioners who know nothing of the original studies to understand and implement the intervention without too much trouble and without altering the fidelity of the intervention itself?

The limits of the evidence

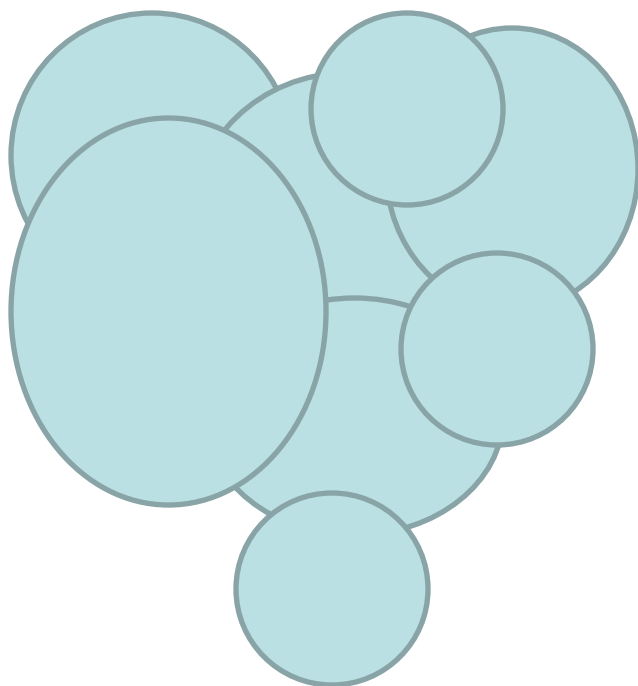
- Evidence does not speak for itself – it always requires interpretation.
- .

Life worlds and the gradient





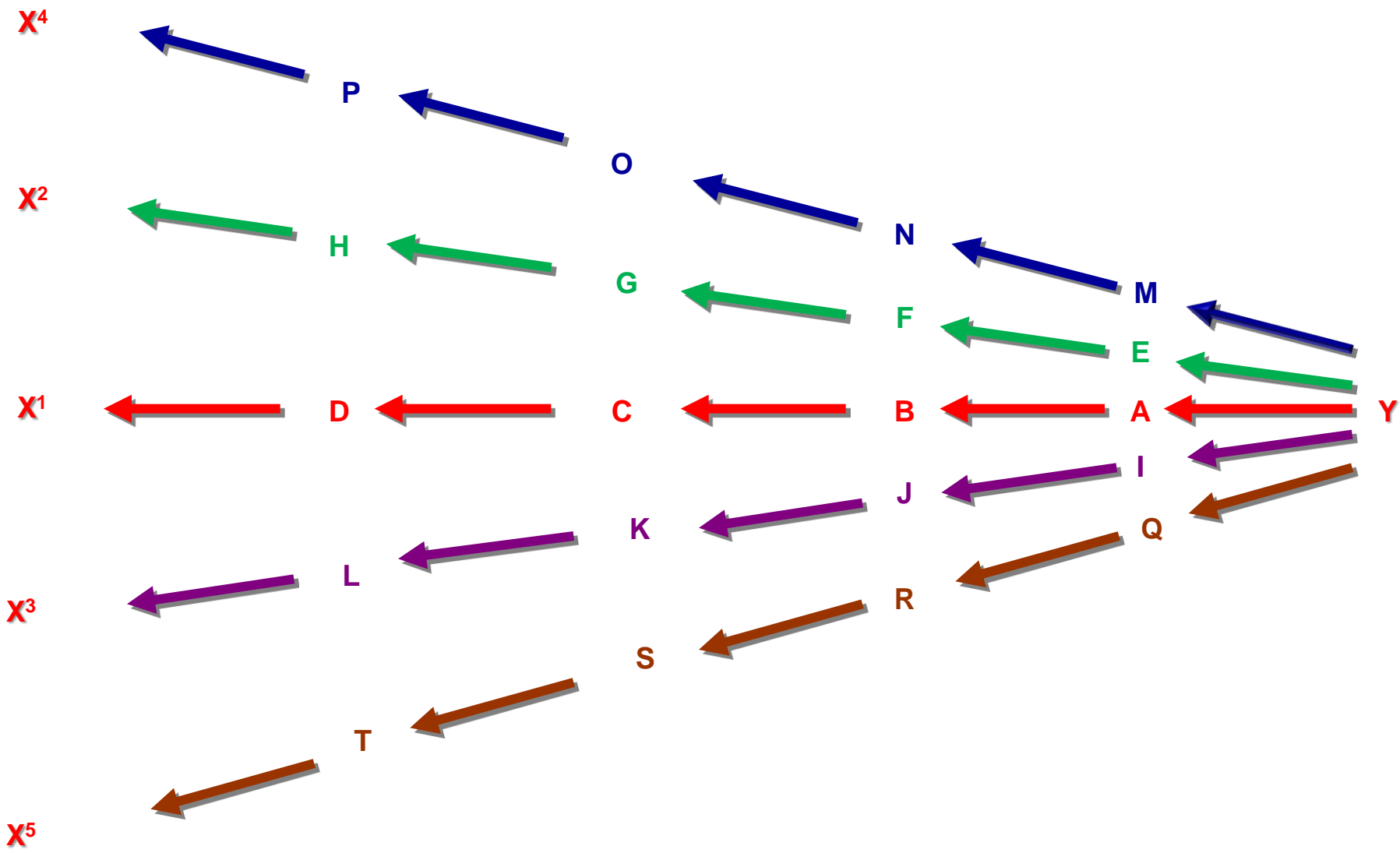
Overlapping lifeworlds

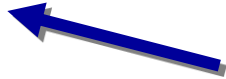


Solutions: Another look at cause









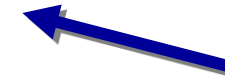
P



O



N



M



E



F



G



H



D



C



B



A



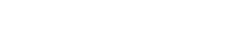
I



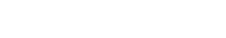
J



K



L



Capabilities

- Sen, A. (2009) *The Idea of Justice*, London: Allen Lane

- Justice is not about finding or describing the perfectly just society.
- Justice is about behaviour and relationships between people and groups of people.
- The capability approach emphasises a person's capability to do things he or she has reason to value.
- The focus here is on the freedom that a person actually has to do this or be that – things that he or she may value doing or being.
- It is about the opportunities for living and control of the lifeworld.

Control of the life world to release capabilities

- Skills.
- Interpersonal relationships and behaviour.
- Subjective meaningfulness.
- Shared meaning with others.