

# Treating our health as an asset

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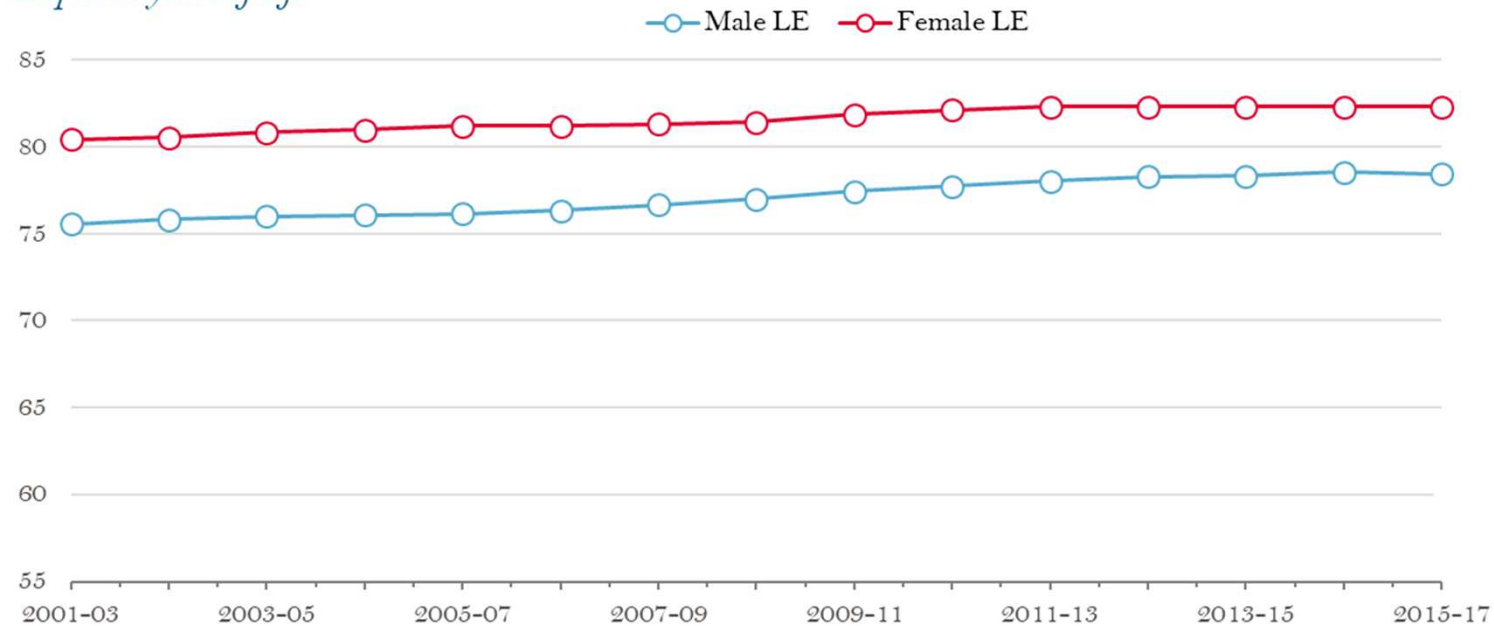
# Context

Health and inequalities

# Life expectancy improvements have stalled across the UK

Life expectancy for men and women: Northern Ireland, 2001-03-2015-17

*Expected years of life*

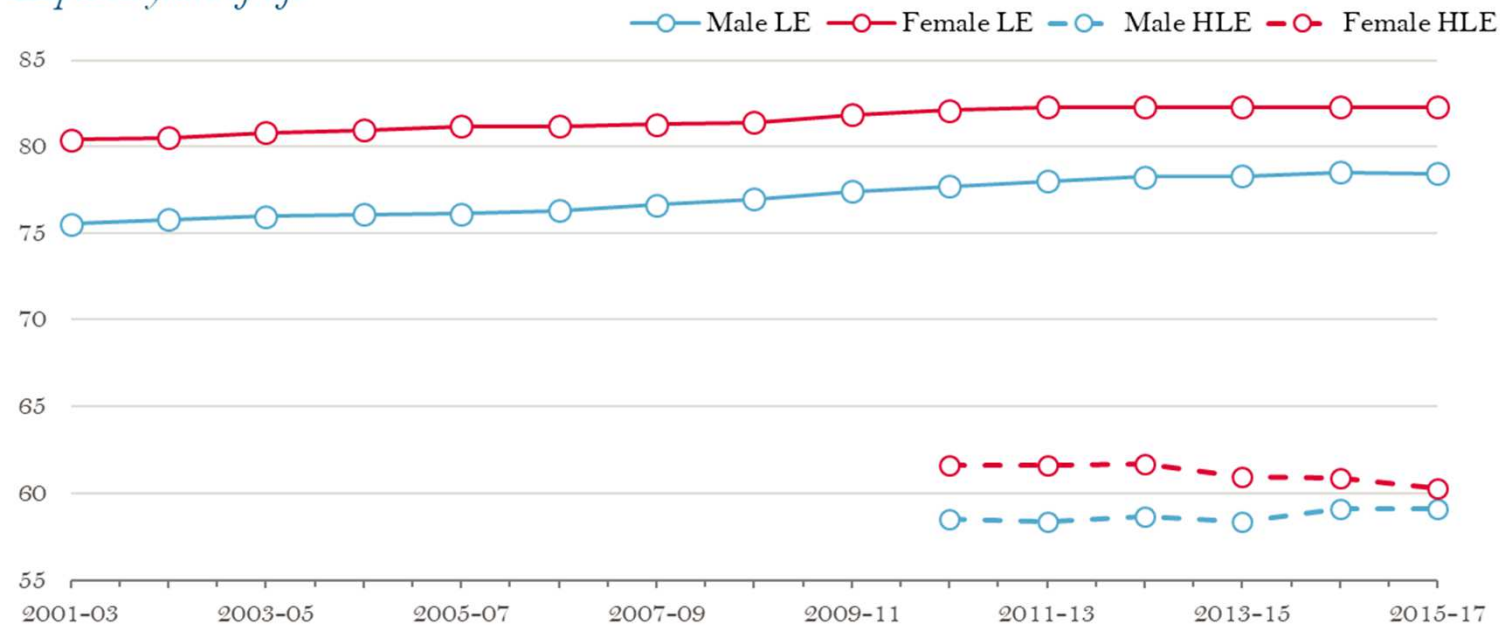


Source: Life expectancy at birth and at age 65 years by local areas, UK, ONS, 2018 & PiG Measurement Annex - Healthy life expectancy at birth, NISRA, 2018

# ...and healthy life expectancy may be going backwards

Life expectancy for men and women: Northern Ireland, 2001-03-2015-17

*Expected years of life*

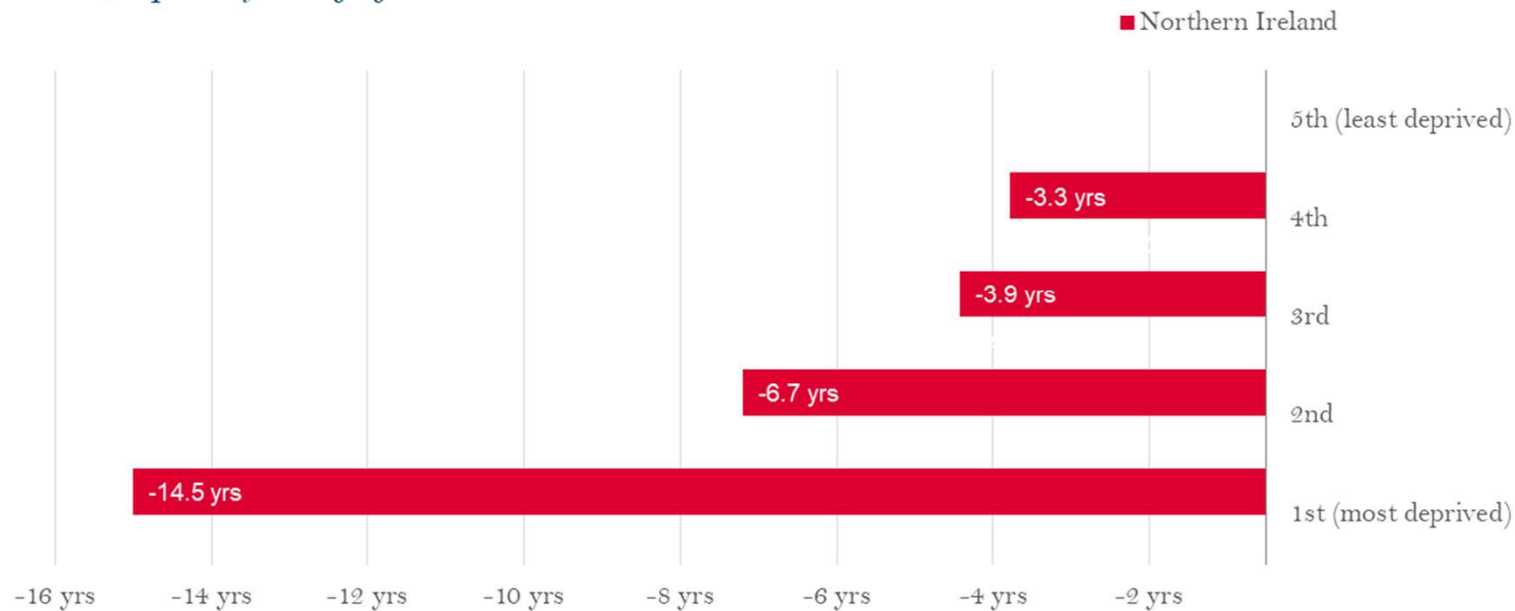


Source: Life expectancy at birth and at age 65 years by local areas, UK, ONS, 2018 & PFG Measurement Annex - Healthy life expectancy at birth, NISRA, 2018

# Health inequalities remain wide...

## Healthy life expectancy deprivation gap: Northern Ireland & England, 2015-17

*Women, expected years of life*

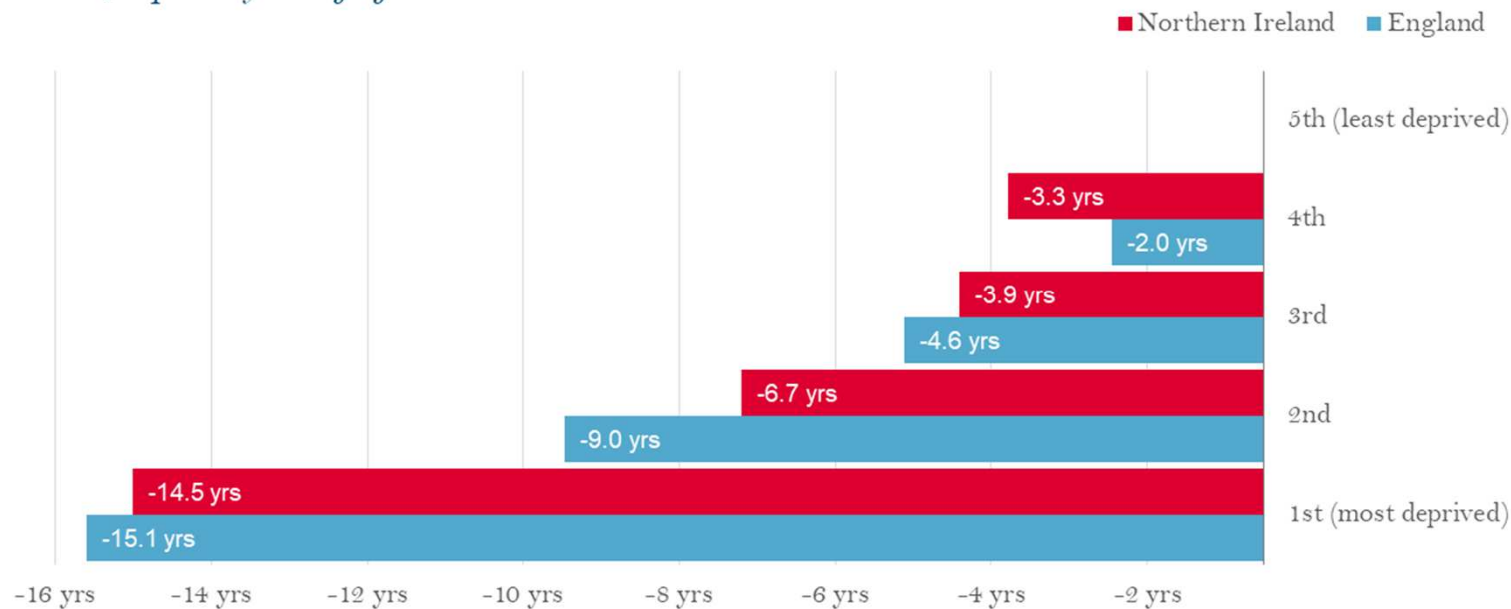


Source: Health Foundation analysis using Health Inequalities Annual Report 2019, Dept of Health Northern Ireland, 2019 and ONS, Health state life expectancies, 2015-17

# ...it's a pattern far from unique to Northern Ireland

Healthy life expectancy deprivation gap: Northern Ireland & England, 2015-17

*Women, expected years of life*

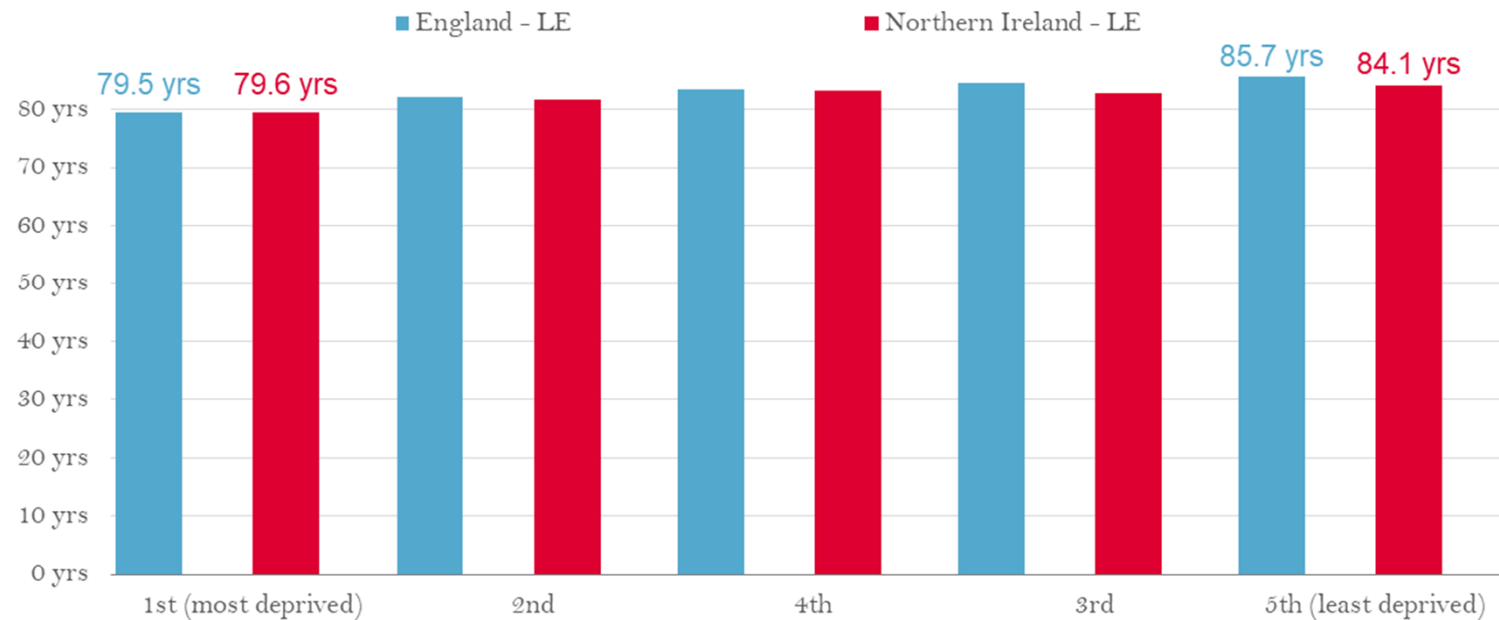


Source: Health Foundation analysis using Health Inequalities Annual Report 2019, Dept of Health Northern Ireland, 2019 and ONS, Health state life expectancies, 2015-17

# Longevity is broadly similar between England & Northern Ireland...

Health-state life expectancy by deprivation: Northern Ireland & England, 2015-17

*Women, expected years of life*



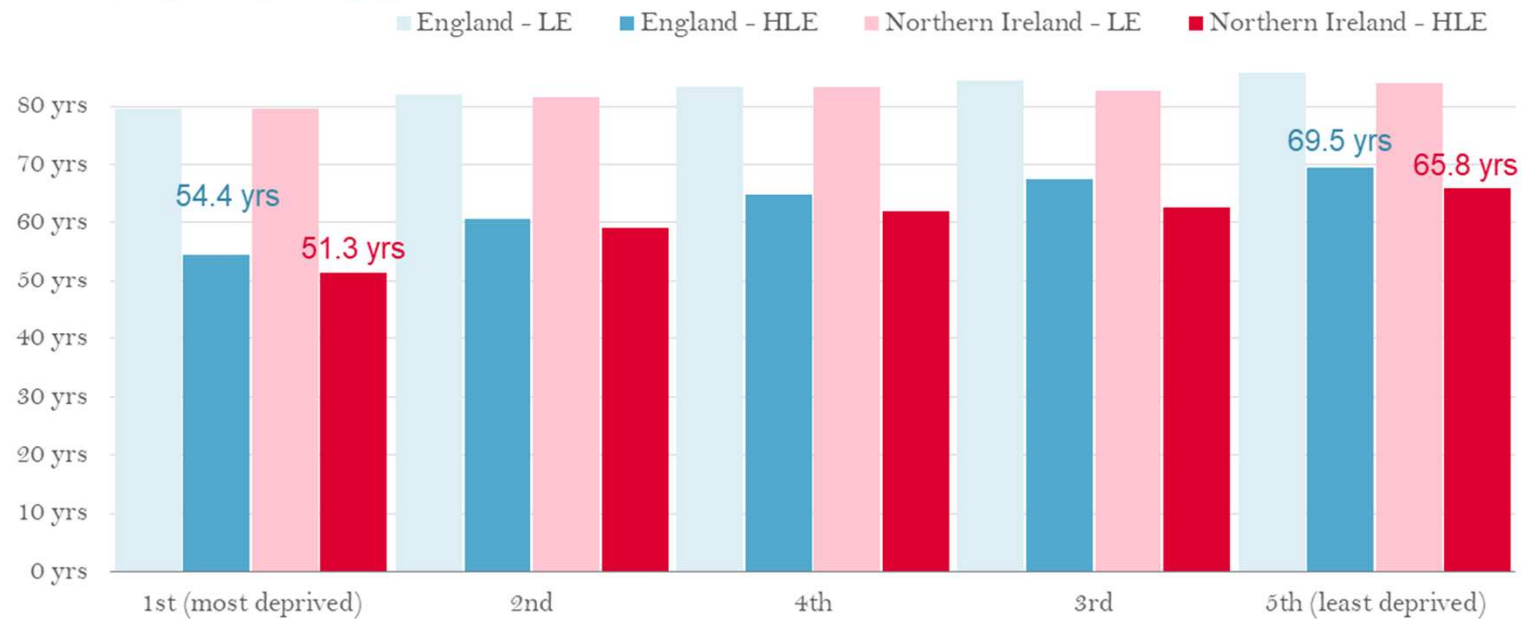
Source: Health Foundation analysis using Health Inequalities Annual Report 2019, Dept of Health Northern Ireland, 2019 and ONS, Health state life expectancies, 2015-17



# ...with some extra years of good health in England

## Health-state life expectancy by deprivation: Northern Ireland & England, 2015-17

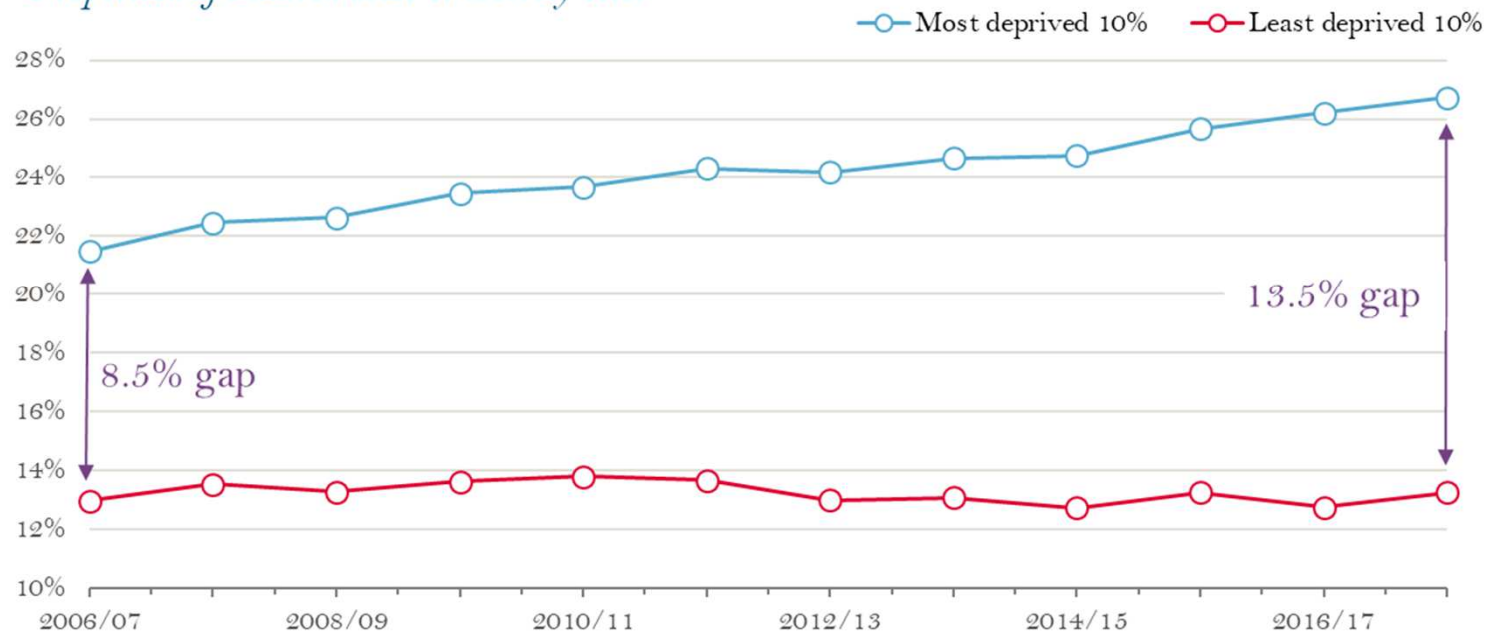
*Women, expected years of life*



Source: Health Foundation analysis using Health Inequalities Annual Report 2019, Dept of Health Northern Ireland, 2019 and ONS, Health state life expectancies, 2015-17

# Child obesity rates in England have been rising, driven by those in the most deprived 10% of local areas

Obesity prevalence for year 6 children by deprivation: England, 2006/07 to 2017/18  
*Proportion of children obese or severely obese*



Source: NHS Digital, National Child Measurement programme, 2017/18

A prevention focus for policy

# The UK Government recently set out a prevention vision



Department of Health & Social Care

Prevention is better than cure  
Our vision to help you live well for longer

05 November 2018

**Mission: Ensure that people can enjoy at least 5 extra healthy, independent years of life by 2035, while narrowing the gap between the experience of the richest and poorest**

Key areas of focus include:

- Pregnancy services
- Immunisation
- Home and school environment
- Social relationships and mental wellbeing
- Healthy eating
- Exercise
- Care with social media
- Home environment
- Exercise
- Not smoking
- Healthy eating
- Drugs

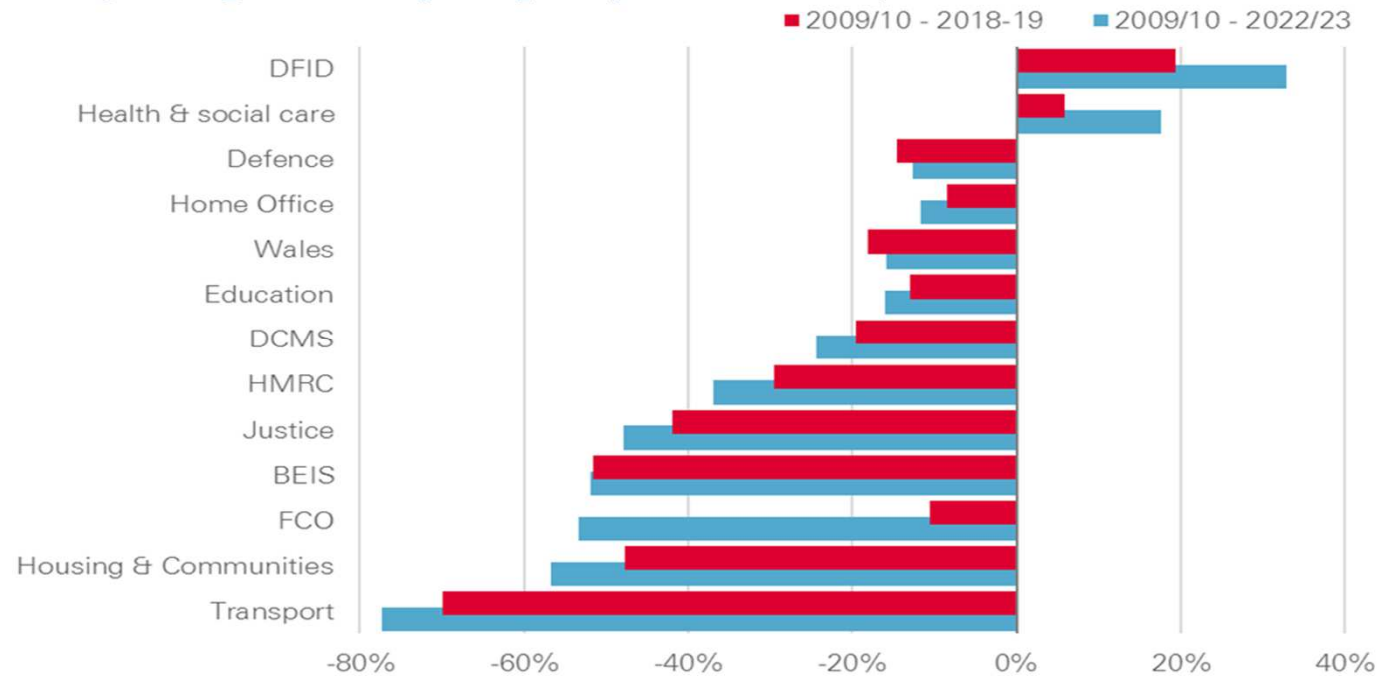
Specific health goals:

- Limit salt and fat intake
- Eat five portions of fruit and veg a day
- Eat plenty of high-fibre foods
- Get regular exercise
- Limit alcohol intake

Source: 'Prevention Is Better Than Cure', Dept. of Health and Social Care, 2018.

# Ongoing spending cuts could undermine prevention plan

Change in departmental per capita spend since 2009/10, real terms

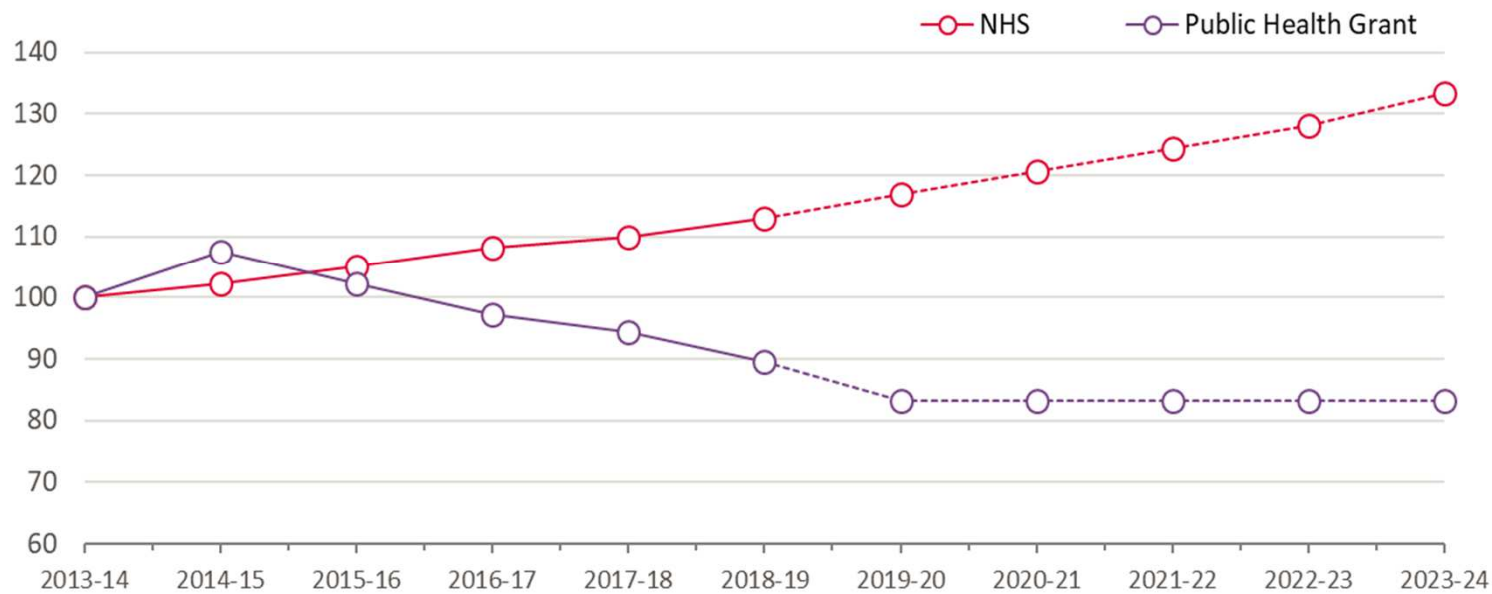


Source: Resolution Foundation, Super, smashing, great: Spring Statement response 2019

# A trade-off exemplified within England health spend...

## Growth in elements of health spend, 2013-14 to 2023-24

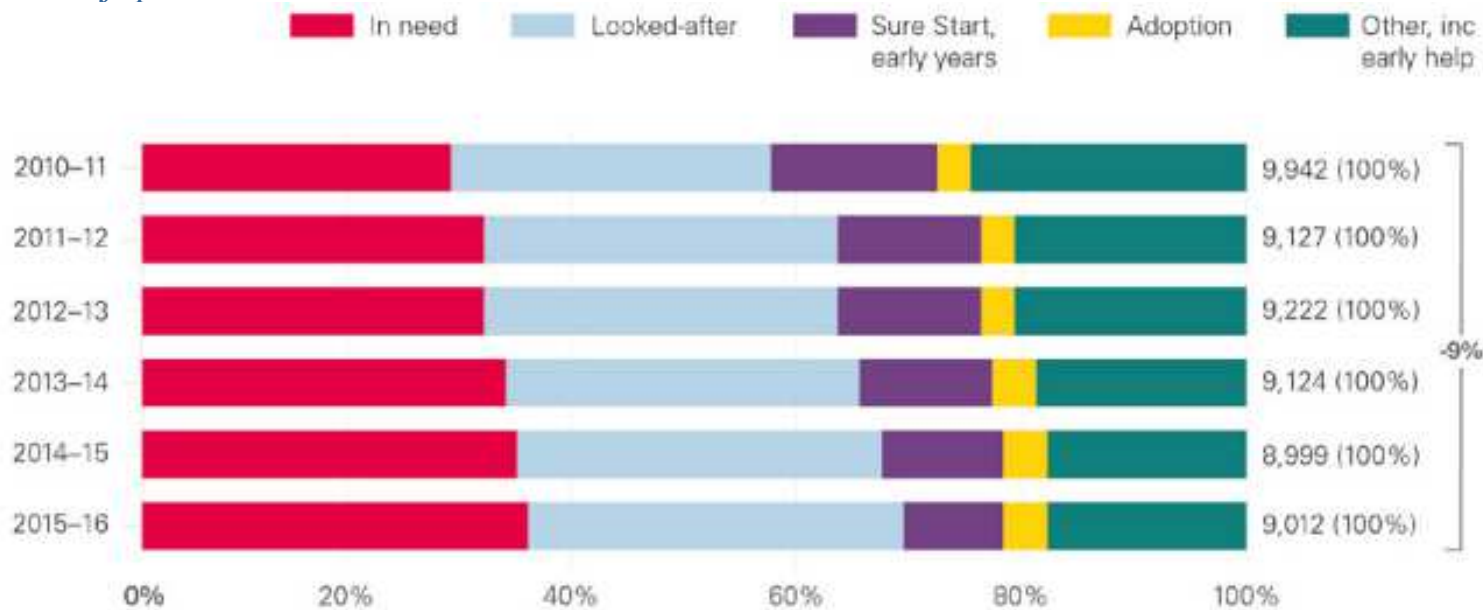
Index (100=2013-14), Constant price terms (GDP deflator). Data from 2018/19 onwards is a projection



Source: The Health Foundation analysis using DHSC, Departmental spend

# ..while local authority spend shifts away from prevention

Total spending on children's services: England, 2010-11 – 2015-16  
Share of spend



Source: Department for Education, Section 251 outturn, total expenditure

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## Embedding health creation requires action across government and other sectors

- Changing the way success is measured by moving beyond GDP as a main measure of success.
- Legislative frameworks and cross-government bodies can be used to encourage long-term decision-making.
- Involving communities and taking place-based approaches. Government cannot do this on its own.
- The NHS can also play a stronger role in promoting prevention.



# The social and economic value of health

## Improving health tends to get overlooked when making broader social and economic policy

- Success measures are often GDP-based
- Short-sighted political aims
- Potential health gains, and the wider benefits they can bring, accrue across social policy

# The social and economic value of health

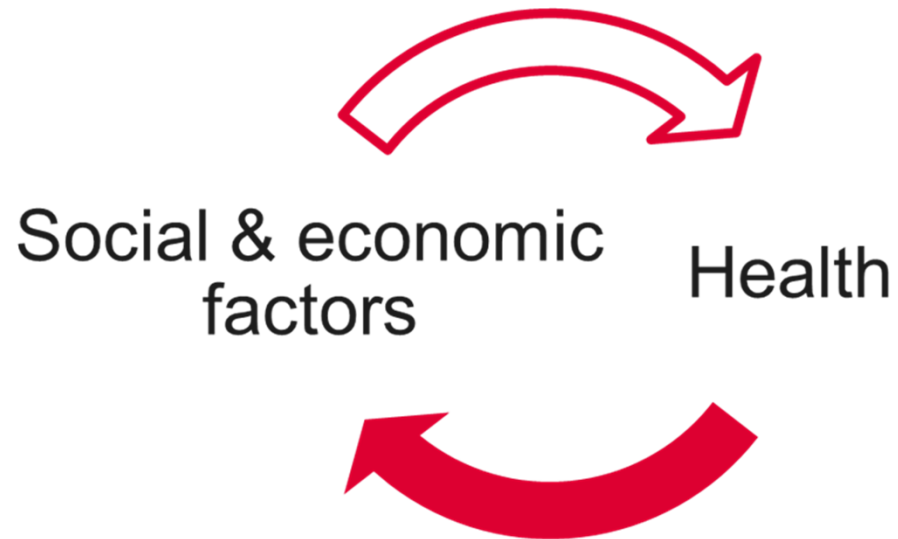
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# The social and economic value of health



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# The social and economic value of health



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# The social and economic value of health for individuals

- An innovative £2m first phase of a research programme at six universities across the UK
- Exploring the impact of health on economic and social outcomes at points in time, over the life course and between generations
- Understanding how health histories affect future economic and social outcomes
- Testing for the causal impact of health on economic and social outcomes

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# The social and economic value of health for individuals

- The economic and social value of health from childhood to later life  
*(UCL Centre for Longitudinal Studies)*
- Social and economic consequences of health status  
*(University of Bristol)*
- Life course effects of health status on social and economic outcomes  
*(Loughborough University)*
- The causal effect of health status on labour market outcomes  
*(University of Sheffield)*
- Causal effects of alcohol and mental health problems on employment  
*(University of Glasgow)*
- Does childhood obesity hinder human capital development?  
*(Imperial College London)*

# The social and economic value of health for individuals

Briefing

November 2018

## Briefing: **The nation's health as an asset**

Building evidence on the social and economic value of health

Louise Marshall, David Finch, Liz Cairncross and Jo Bibby

### Introduction

People generally place more value on being healthy than on factors like income, careers or education. But, despite improvements in life expectancy slowing and health inequalities widening, societal goals are still described in terms of income, employment and economic growth, rather than in terms of people's health.

The Health Foundation wants to see more action on the strategies that help people stay healthy. Good health has a significant influence on overall wellbeing. It allows people to participate in family life, the community and the workplace. It has value in its own right and it also creates value. Put simply, health should be viewed as an asset that is worth investing in for our society to prosper.

Although evidence of the conditions needed for people to live in good health is well established, policy action lags behind. The reasons for this are complex: different views exist on who is responsible for an individual's health; there is a trade-off between spending on short-term needs and investment for longer, healthy lives in the future; and often the benefits and savings from interventions do not accrue to those who need to make the investment.

The Health Foundation believes health should be viewed as an asset to be invested in. We ask the question, what is the social and economic value of maintaining and improving people's health? The answer will provide evidence of the long-term benefits of good health to the individual, society and economy. It will mark out the public spending that could be viewed as investment in the social infrastructure required for a flourishing society.

For more:

[health.org.uk/the-nations-health-as-an-asset](https://health.org.uk/the-nations-health-as-an-asset)



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# The social and economic value of health of a place

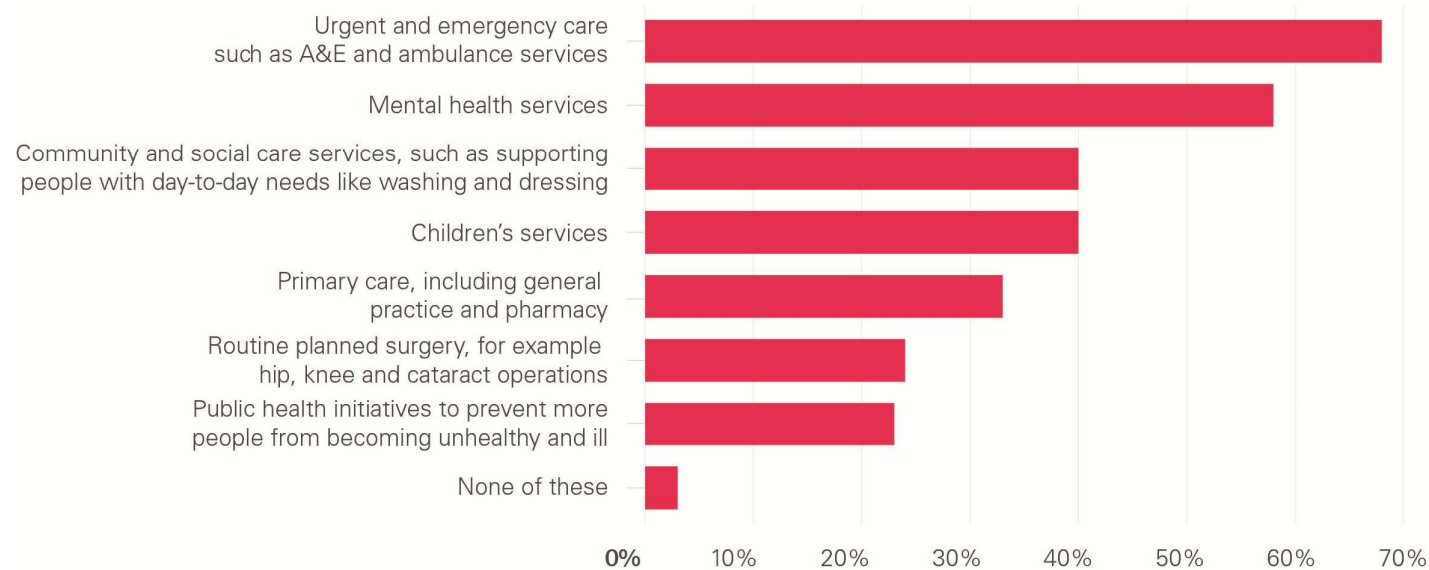
Further open research call this Summer to consider how the health of a *place* affects the social and economic outcomes of that *place*:

- Funding of around £1.5 million for 5 projects lasting 2 years
- Focus of this round is in defining place, health and social and economic outcomes
- And building an understanding of mechanisms through which health affects those social and economic outcomes

# Reframing the conversation

# We may think we have many of the answers, but the message isn't getting through to the public

If the Government were to devote more funding to health and care services, which three, if any, of the following do you think it should prioritise in terms of spending?



Base: 917 English adults 18+, interviewed between 26–29 April 2018  
Source: Ipsos MORI telephone survey for NHS Providers

## Lost in translation

You say...

“The physical, social and commercial environments that we live in have profound effects on our health. We need to address inequalities in our society so that everyone can experience positive health and wellbeing.”



Expert/Advocate

## Lost in translation

You say...

“The physical, social and commercial environments that we live in have profound effects on our health. We need to address inequalities in our society so that everyone can experience positive health and wellbeing.”



Expert/Advocate

They think...

“It’s true—some neighbourhoods have lots of chicken shops, and that’s bad for people’s health. But it’s ultimately up to individuals to make good choices. Anyone can be healthy if they want to be.”



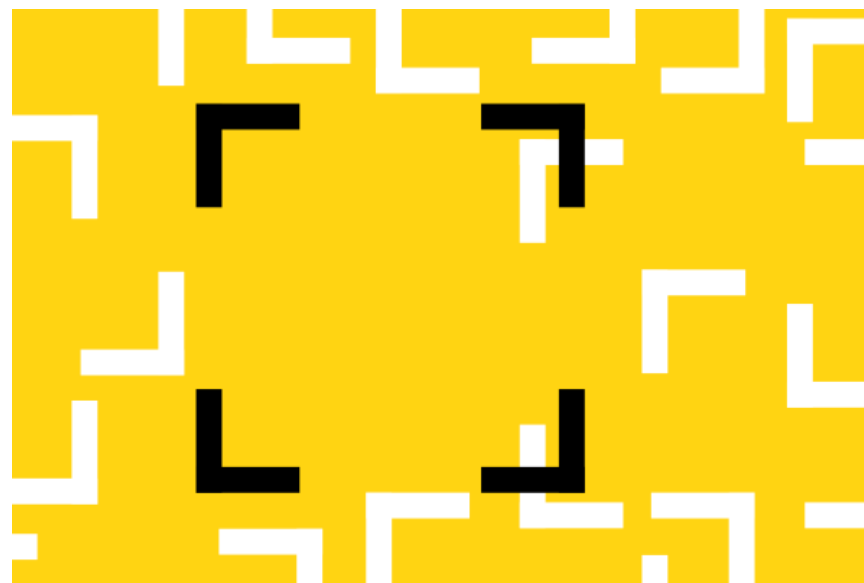
Public

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## Framing is...

...making choices about how we present information including:

- What to emphasise
- How to explain it
- What to leave unsaid



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## Challenge 1: Broadening understanding of ‘health’

- Fundamental differences between public and expert understanding of ‘health’
- Common cultural models:
  - Health as an absence of illness
  - Health as a medical issue

**Researcher:** What springs to mind if I say the word *health*?

**Participant:** I'd say bad health springs to mind.

“Good health is never having to go to the doctors. Ironically, good health is never having to use the NHS. I say ironically because of how much I respect the NHS, but, if I never have to use it, [...] that’s good health.”

## Challenge 2: Increase understanding of the role of social determinants

### Individualist cultural models

- *Health individualism*: 'lifestyle', diet, exercise, smoking, alcohol
- *Mentalism*: choice, willpower, self-discipline
- *Genetic exception*: genes or fate explain exceptions to the rule

"Yeah, that 'responsibility' word – it starts with you, and it ends with you. Nobody else is responsible for you – nobody."

**Deserving ill**

vs

**Undeserving ill**



## Challenge 3: Increasing understanding of how social and economic inequalities drive health inequalities

### Ecological cultural models

- *Consumerism*
- *Behavioural constraints*
- *Cultural norms*

*“[People with money] might be able to buy the more healthy options. Trying to eat healthily does cost more money than the junk food.”*

*“I think you always have a choice...And I think anyone on any budget could work a way out to eat relatively healthy food or significantly less bad food.”*

*“There are some people in [working-class] communities that don’t work...I think there’s just a culture at the moment where a lot of people are just after free handouts. It’s unhealthy, and it’s unproductive... I think that has a big impact on your health and your life expectancy.”*

## Challenge 4: Building support for health creating policies

- Public health experts  
Increased government investment in public services that protect and improve the health over the long term
- Public  
Ultimate responsibility to individuals. Main role of government is providing health care and 'raising awareness'

**Researcher:** What is the role of government in making sure people are in good health?

**Participant:** "One part is awareness. The other part is the NHS – obviously huge. It accounts for just under a third of all government spending. So, obviously, the government is responsible for that. Anything I can't do, the government should be responsible for. I can't install a pacemaker. I can't set a broken bone. I can't stitch up a giant gash in my neck."

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## Phase 2

- Develop and test detailed reframing strategies
- Develop a community of practice
- Develop a multimedia communications toolkit



To download the research:  
[health.org.uk/framing-health](https://health.org.uk/framing-health)

# Stay in touch

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Thank you

