



Minding the Gap - does target setting reduce health inequalities?



Tim Blackman
Durham



David Hunter
Durham



Linda Marks
Durham



Gareth Williams
Cardiff



Lorna McKee
Aberdeen

Background

Life expectancy varies enormously across the world from under 40 in parts of Africa to over 80 in Japan. But even within Britain, with free access to health care and policies to narrow health inequalities, average life expectancy for males living in the London Borough of Kensington and Chelsea is 84 years while in Glasgow it is 71.

Policies to reduce health inequalities have differed across parts of the UK, with England adopting a 'gap-closing' target in 2001 for improving life expectancy in deprived areas relative to the English average, Wales largely eschewing targets until 2006 and Scotland setting targets in 2004 for health improvements in the most deprived areas (though not in the form of a gap-closing target).

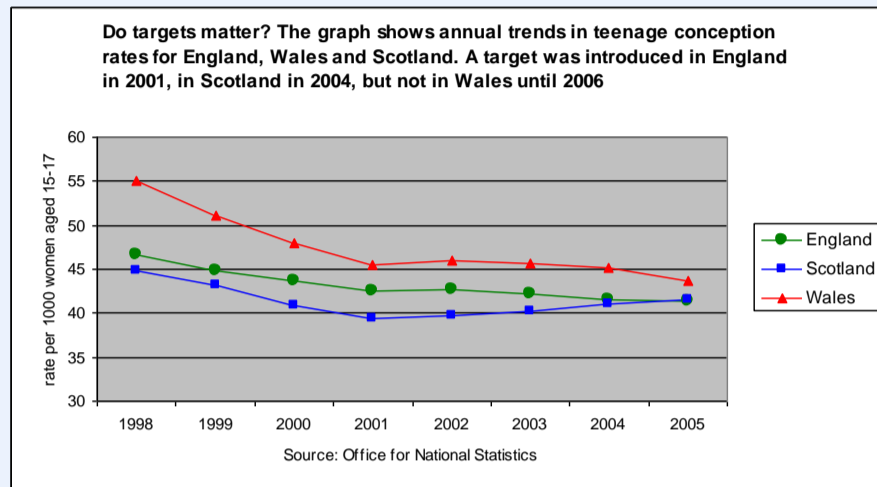
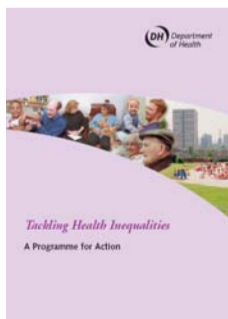
What can we learn from these different experiences?

Aims

We aimed to explore how policies for reducing health inequality—often involving attempts to change behaviour such as smoking—worked in England, Scotland and Wales, and to explore the part played by targets and performance assessment.

Specifically we wanted to find out:

- ❖ What were the policies for tackling health inequality and how were they performance assessed?
- ❖ What attention did health inequalities receive from key professionals responsible for local implementation?
- ❖ What did those involved in local health policy and strategies say about performance assessment and what difference did this make to what they did to tackle health inequality?



Do targets matter? The graph shows annual trends in teenage conception rates for England, Wales and Scotland. A target was introduced in England in 2001, in Scotland in 2004, but not in Wales until 2006

Figure 1: Teenage conception rates 1998-2005 in England, Wales and Scotland

What We Did

Over the three years of this study, we analysed commonality and differences among the three UK countries by

- ❖ Reviewing and comparing over 50 policy and strategy documents on health inequality;
- ❖ Going behind the formal documents to conduct 200 interviews with those involved in health inequality policies in the NHS, local government and local partnership bodies in several case study locations in England, Scotland and Wales.

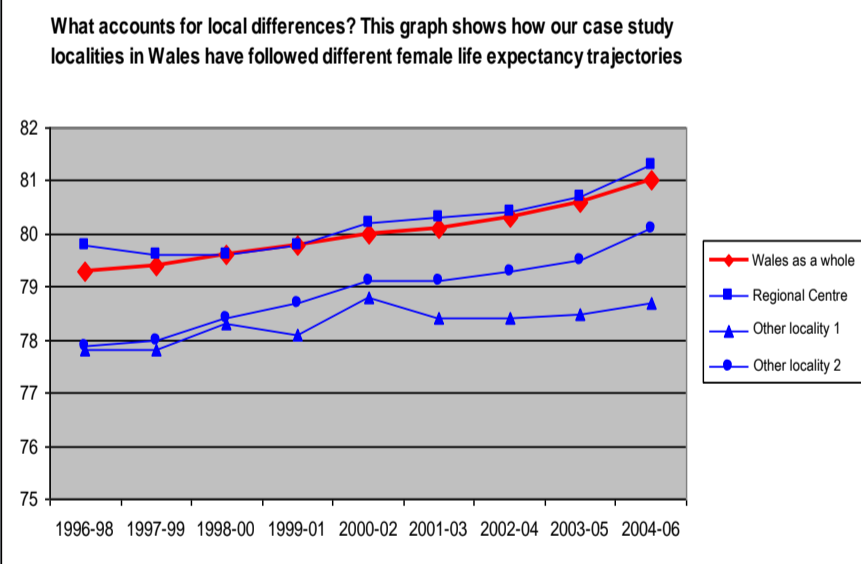
Findings

❖ In England, many local respondents said the central gap-closing targets had encouraged change and altered local priorities; Scottish respondents tended to see targets for improvement in the most deprived communities as long-term aspirations; while in Wales there were few measurable health inequality targets and respondents tended to be sceptical about the helpfulness of targets.

❖ While Wales had no specific health inequality targets, we nevertheless found rates of improvement in some areas of healthcare that matched and in some cases surpassed those of England and Scotland (Fig. 1). England by contrast set and monitored health inequality targets and saw life expectancy rise and infant mortality fall in prioritized deprived areas, but did not succeed in closing the gap between those areas and the national average.

Both in England and Scotland the inequality initiatives were overshadowed by the need to meet targets for waiting times and balance budgets in the short term, but over time they rose in prominence as other issues were tackled.

❖ The policy conclusion is that targets can be effective in putting health inequality onto local agendas and can change the ways health professionals talk about inequality, but without necessarily changing actions or outcomes.



What accounts for local differences? This graph shows how our case study localities in Wales have followed different female life expectancy trajectories

Figure 2: We found a widening gap in female life expectancy between our case study localities in Wales, where there were no 'gap-closing' targets. However, inequalities in life expectancy also continued to widen in England and Scotland, despite the targets in those countries. Interviewees in the three countries showed differences in the way they talked about targets, but the link between attitudes and outcomes is very complex.

Find out more...



For more information contact
Tim Blackman
(tim.blackman@durham.ac.uk)

www.publicservices.ac.uk

