Empowering communities; narrowing the health gap.

CDHN
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Dr Mike Grady.
Principal Advisor.
Institute of Health Equity.
University College London
Special Advisor to Communities and Local Government Select Committee.
The CSDH – closing the gap in a generation

The Marmot Review – Fair Society, Healthy Lives

Review of the Social Determinants of Health and the Health Divide in the WHO European Region
Figure 1 Life expectancy and disability-free life expectancy (DFLE) at birth, persons by neighbourhood income level, England, 1999–2003

Source: Office for National Statistics\textsuperscript{5}
Figure 5 Action across the life course

Areas of action

- Sustainable communities and places
- Healthy Standard of Living
  - Early Years
  - Skills Development
  - Employment and Work
  - Prevention

Life Course

Accumulation of positive and negative effects on health and wellbeing

Life course stages

- Prenatal
- Pre-School
- School
- Training
- Employment
- Retirement
- Family Building
Impact of tax and benefit reforms
Announced yesterday and in place by April 2015

Change in net income

Income Decile Group

Assumes full take-up of means-tested benefits and tax credits.
Themes from the WHO European review

- Human rights approach based on citizenship.
- Resilience of individuals and communities - empowerment is central
- Every stage of the life course
- Protect future generations from social and economic inequities
- Systematic, scaled collaborative action
- Proportionate universalist approach.
What enhances my wellbeing and health

- Recycling facilities
- Green spaces that I can use
- Affordable healthy food
- Affordable transport
- Spending time with my neighbours

What is detrimental to my wellbeing and health

- Lack of interesting activities in winter
- Poor local job prospects
- Poor street lighting and uneven pathways
- Soaring fuel bills and poor insulation

The determinants of health and well-being in our neighbourhoods

- Barton and Grant 2010
People and Places

- Critical linkage of health, wellbeing and resilience.
- Evidence of linkage of low level stress, depression and exclusion are barriers to participation.

“**You can see the deprivation, all you have to do is look outside. Its in your face every day, litter everywhere, rats and rubbish. It’s a dump......it feels like people around you have no meaning to life. I keep my curtains closed at times....It doesn’t give you a purpose to do anything**” (Focus group participant)

- Many communities are characterised by lack of mutual trust, isolation and under developed social cohesion.

“**It is a deprived area ,there are no jobs , people are stressed out family and partner relationships and all things like that are going wrong**” (June)
Embracing asset based practice
- think people, communities, organisations

<table>
<thead>
<tr>
<th>Where we are now - deficit approaches</th>
<th>Where an asset way of thinking takes us</th>
</tr>
</thead>
<tbody>
<tr>
<td>Starts with deficiencies and needs, often as defined by external data or ‘experts’</td>
<td>Starts with the assets</td>
</tr>
<tr>
<td>Responds to problems</td>
<td>Identifies opportunities and strengths</td>
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<tr>
<td>Provides services</td>
<td>Invests in people</td>
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<tr>
<td>Emphasises the role of agencies</td>
<td>Emphasises the role of active participant</td>
</tr>
<tr>
<td>Focus on individuals</td>
<td>Focus on communities/neighbourhoods and a common ground</td>
</tr>
<tr>
<td>Sees people as clients and consumers receiving services</td>
<td>Sees people as citizens and co-producers with something to offer</td>
</tr>
<tr>
<td>Treat people as passive and done-to</td>
<td>Help people take control of their lives</td>
</tr>
<tr>
<td>Fix people</td>
<td>Support people to develop their potential</td>
</tr>
<tr>
<td>Implement programmes as the answer</td>
<td>See people as the answer</td>
</tr>
</tbody>
</table>

Source: Original Carnegie UK with Newcastle amendments
High levels of capital can protect individuals from social impacts

The framework below provides a model to help us understand how some people bounce back following set backs while others spiral down into long-term unemployment and social exclusion. It shows the potentially important role that capitals play in making an individual more or less likely to experience a range of negative social impacts.

This section brings together evidence on the risk and protective factors that make it less or more easy for an individual to bounce back following a recession. It draws on the literature and original empirical research into the 90s recession based on the British Household Panel Survey (BHPS). This framework is used in our analysis of the BHPS.

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1. Mental capital refers to the emotional resources and resilience that people can draw on to protect them in times of adversity.
2. Financial capital is the financial savings and capability that people have to draw on in times of adversity.
3. Human capital is the education and workplace skills that people possess.
4. Social capital is the network of family and friends that individuals can rely on to help them out.

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**Control variables**
Age; Gender; Ethnicity; Income; Family type; Marital status; Housing tenure; Physical health; Regional employment rate
Health, Wellbeing and resilience

• Evidence participation and improving life skills ameliorates impact of health inequalities. (Bynner and Parsons 2006)

• Learning and skill development impact positively and fosters community action.
  “I don’t know what makes other people healthy but I know what makes me healthier and that is being happy and having friends.” (Susanne)

• Social networks create the conditions in which people thrive
  “I would say that people in the group have more confidence. At one point they would have been sat at home doing nothing, now they are out and are involved. Once you get there it’s amazing to see how far you can go.” (Joyce)
Local Government

- Focus on local population through co-design and co-production.
- Orchestrator action to address the social determinants of health.
- Whole System Leadership
- Increasing participation and empowering communities.
Producing Percentage Change at Population Level

C. Bentley
2007

Build healthy public policy
Create supportive environments
Strengthen community action

Reorient (health) services

Intervention Through Services
Develop personal skills
Intervention Through Communities
COMMUNITY BUDGETING

• Integrated services with better outcomes delivered more cost effectively

• Early intervention and prevention increases local independence and decreases dependency

• Shared sovereignty for local Place and People

• Strong Community Leadership fostering co-design and co-production of strategy, policies and services
### 4.5.2.2 Self Confidence

<table>
<thead>
<tr>
<th>Deprivation Quintiles</th>
<th>Pre-PHP</th>
<th>Post-PHP</th>
<th>% Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1 - Most deprived</td>
<td>51.56</td>
<td>64.22</td>
<td>24.55%</td>
</tr>
<tr>
<td>Q2</td>
<td>47.51</td>
<td>66.86</td>
<td>40.73%</td>
</tr>
<tr>
<td>Q3</td>
<td>58.75</td>
<td>69.17</td>
<td>17.74%</td>
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<tr>
<td>Q4</td>
<td>56.74</td>
<td>73.48</td>
<td>29.50%</td>
</tr>
<tr>
<td>Q5 - Least deprived</td>
<td>59.8</td>
<td>75.33</td>
<td>25.97%</td>
</tr>
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</table>

**Figure 12 – Improvements in self-confidence score by deprivation quintile.**
Health is a human right
Do something
Do more
Do better