Healthcare Inequalities and the impact on eye care

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Why do health inequalities exist in the UK?

“Health inequalities arise because of the conditions in which we are born, grow, live, work and age. These conditions influence our opportunities for good health, and how we think, feel and act, and this shapes our mental health, physical health and wellbeing.”

https://www.england.nhs.uk/ltphimenu/definitions-for-health-inequalities/

NHS

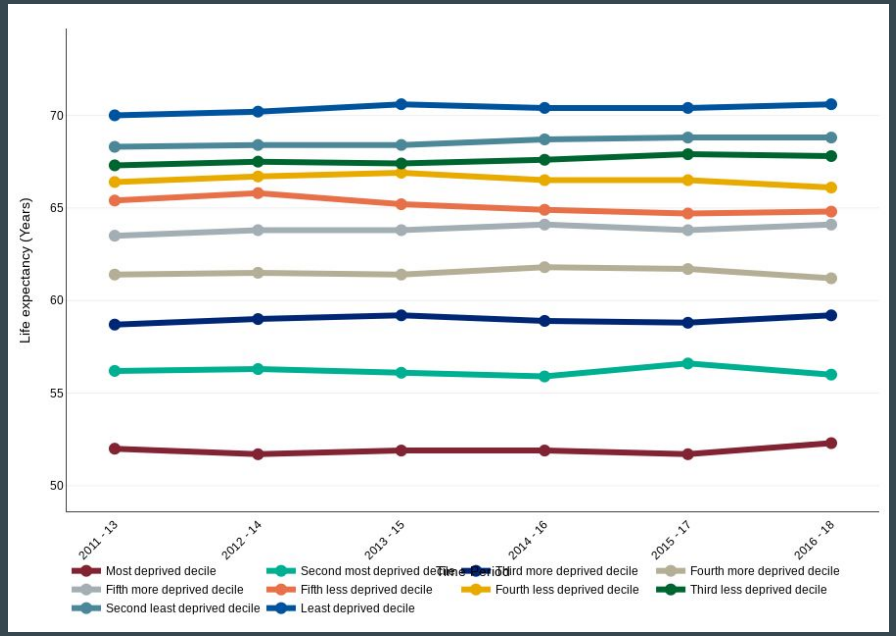
Health Equity in England: The Marmot Review 10 Years On

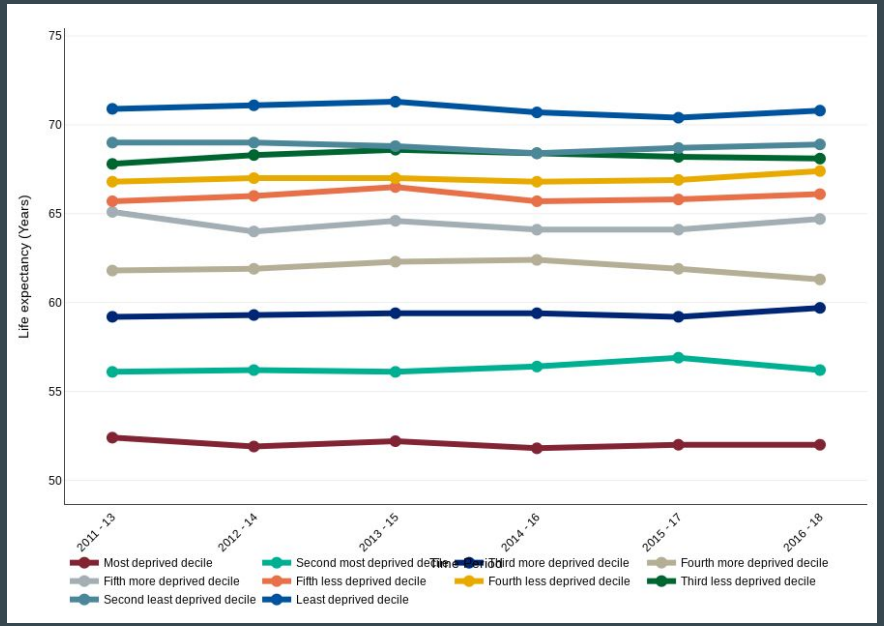
Key points:

- People can expect to spend more of their lives in poor health
- Improvements to life expectancy have stalled, and declined for the poorest 10% of women
- The health gap has grown between wealthy and deprived areas
- Place matters – living in a deprived area of the North East is worse for your health than living in a similarly deprived area in London, to the extent that life expectancy is nearly five years less.

https://www.health.org.uk/publications/reports/the-marmot-review-10-years-on

Life expectancy at birth-Male & Female



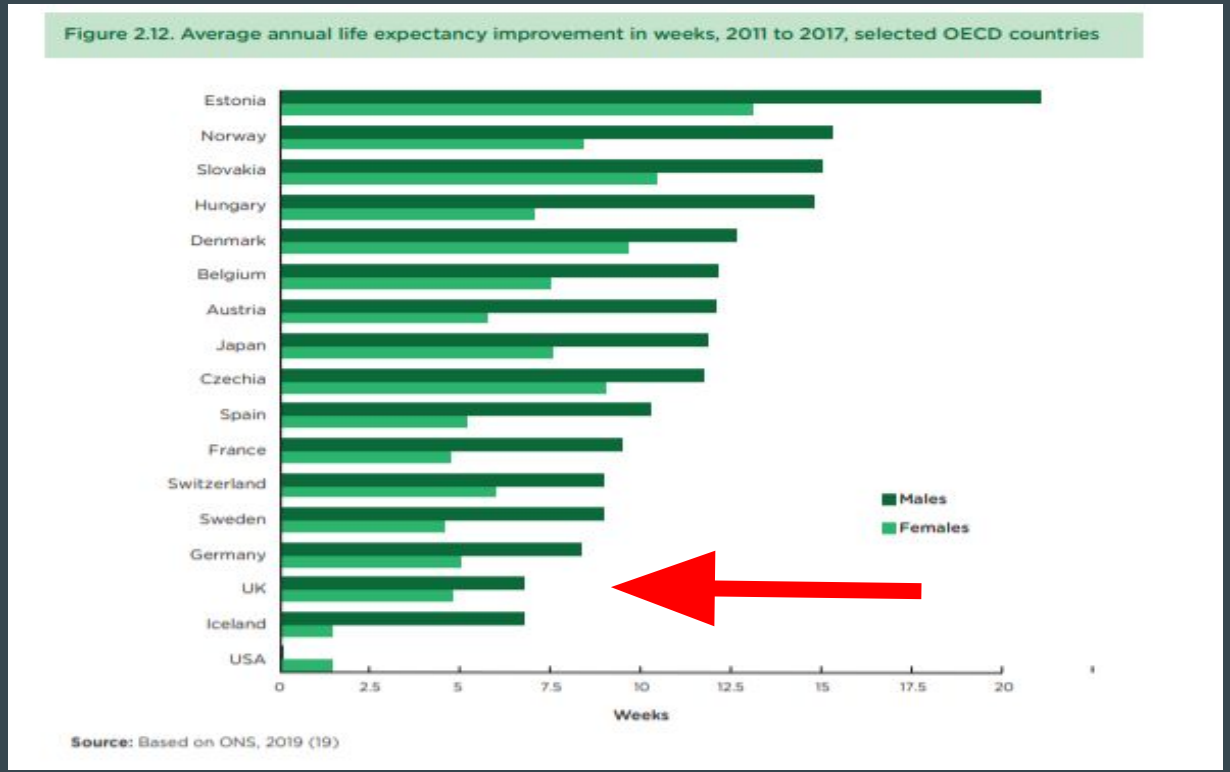


Male

Female

https://analytics.phe.gov.uk/apps/health-inequalities-dashboard/

How does the UK compare internationally?



Organisation for Economic Co-operation & Development

OECD

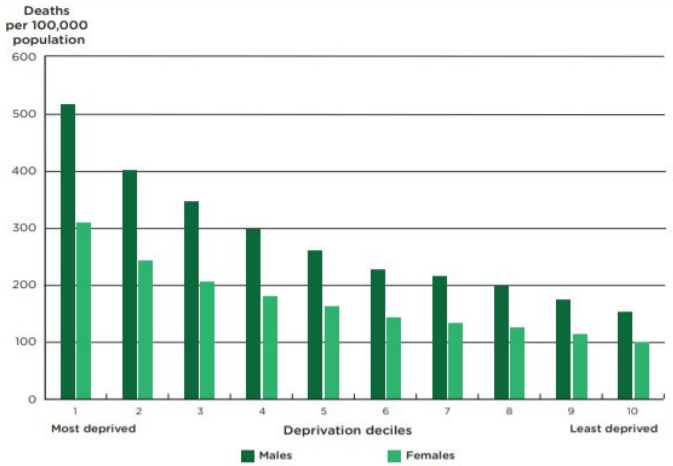
Inequalities in “avoidable mortality”

“‘Avoidable mortality’ refers to deaths that could have been avoided through timely and effective healthcare, or by public health interventions, or both, including action on the ‘causes of the causes’ of mortality – the social determinants of health.”

https://www.health.org.uk/publications/reports/the-marmot-review-10-years-on

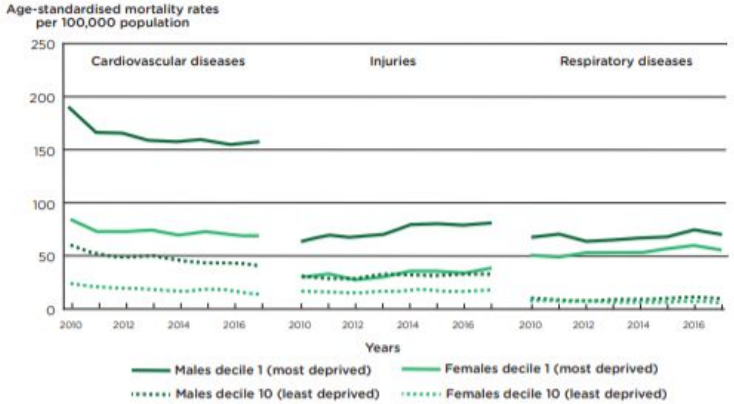
Inequalities in “avoidable mortality”

Figure 2.16. Age standardised avoidable mortality rates (per 100,000) by deprivation decile, England, 2017



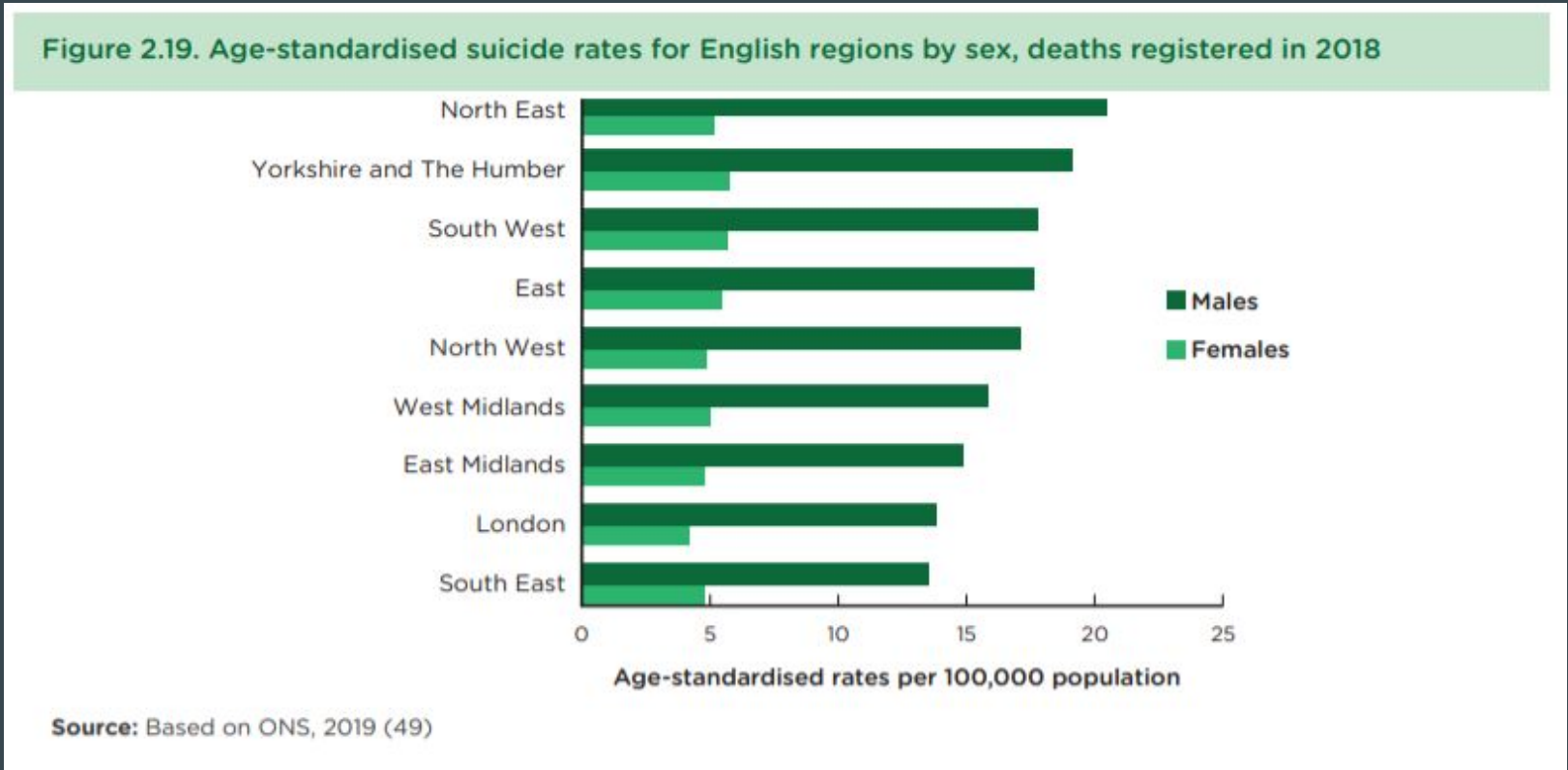
Source: Based on ONS, 2019 (42)

Figure 2.18. Age-standardised avoidable mortality rates (per 100,000) for cardiovascular and respiratory diseases and injuries, by sex and most and least deprived deciles, England, 2010–17



Source: Based on ONS, 2019 (42)

Avoidable mortality/preventable disease



Health Expectancy At Birth

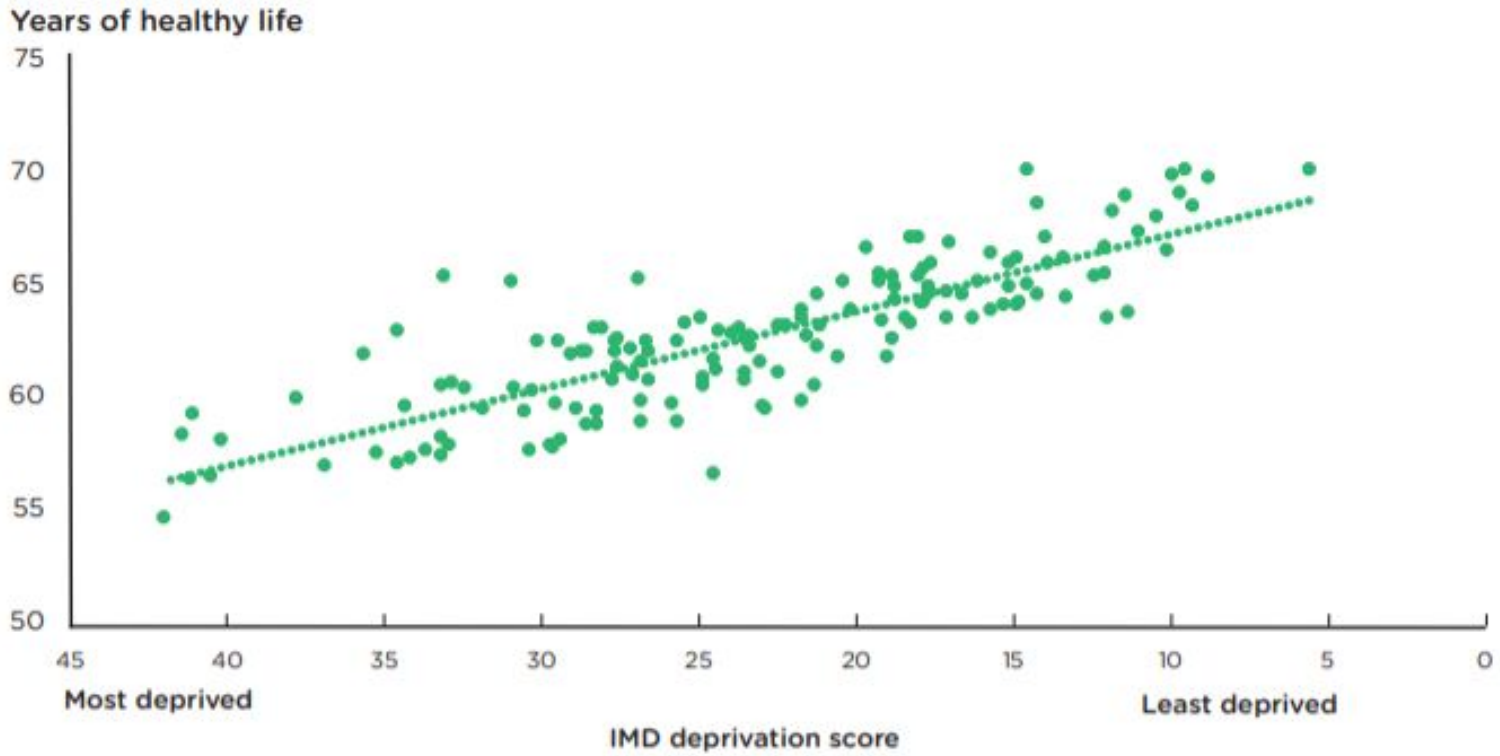
“While life expectancy is one important measure of health, how long a person can expect to live in good health is perhaps an even more significant measure of quality of life. Certainly, recent debates have focused on adding ‘life to years, rather than just years to life’. Giving cause for concern on top of the stalling in life expectancy improvements, recent measures are showing that improvements in health have stalled too and have even declined for many. For women, healthy life expectancy has declined since 2009–11 and for both men and women years spent in poor health have increased”

Table 2.1. Healthy life expectancy and proportion of life spent in good health, by sex, 2009-11 to 2015–17 England

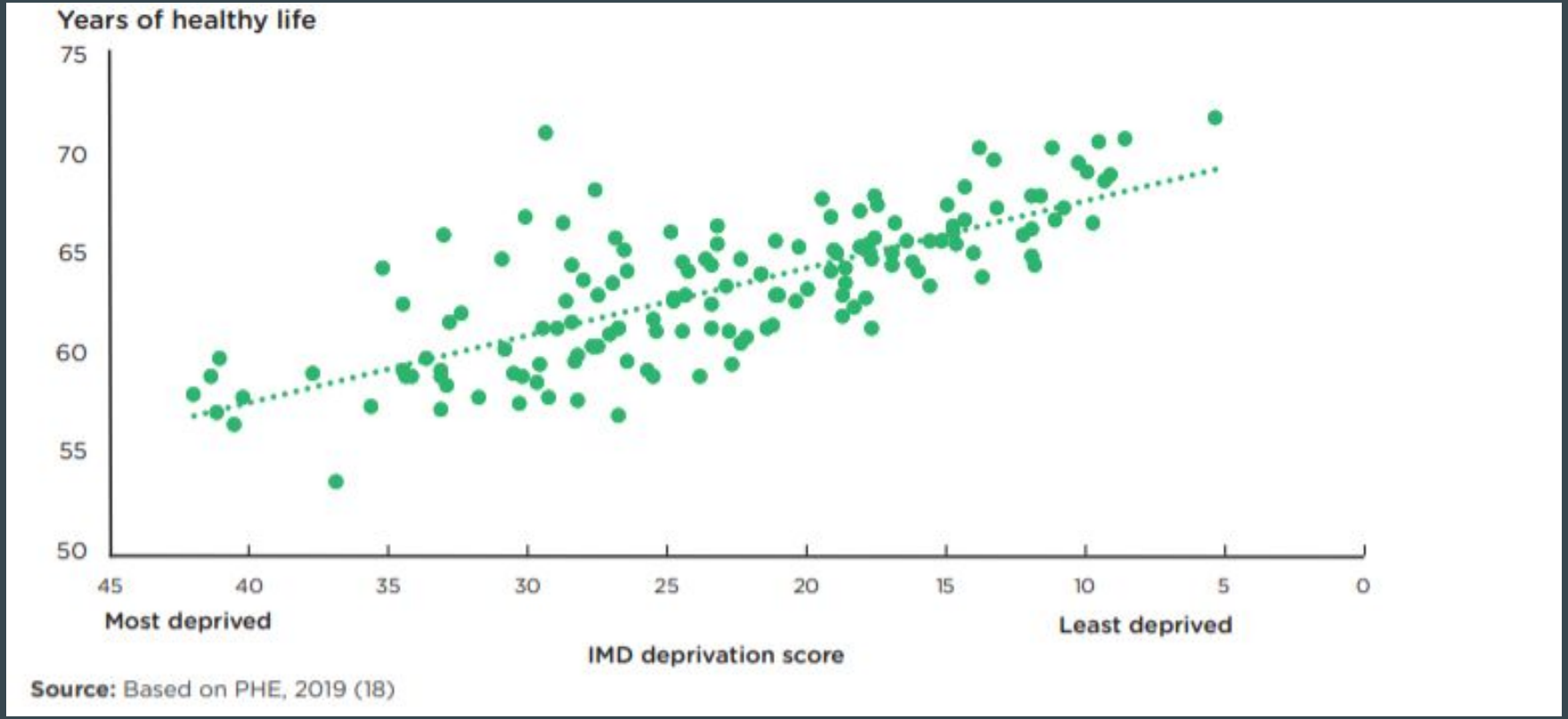
	Healthy life expectancy (HLE)	Years in poor health	Percentage life spent in poor health	Disability-free life expectancy (DFLE)	Years with disability	Percentage life spent with disability
Males						
2009–11	63.0	15.8	20.0	63.5	15.3	19.4
2012–14	63.4	16.1	20.2	63.1	16.3	20.5
2015–17	63.4	16.2	20.3	63.1	16.5	20.7
Females						
2009–11	64.0	18.7	22.6	63.9	18.8	22.7
2012–14	63.9	19.3	23.2	62.8	20.3	24.4
2015–17	63.8	19.4	23.3	62.2	21.0	25.2

Source: ONS (32)

Years Of Healthy Life: Males



Years Of Healthy Life: Females



Source: Based on PHE, 2019 (18)

Summary

“For many groups in England, health and life expectancy are deteriorating and there are clear systematic inequalities in the groups for whom this is happening. Broadly speaking, poorer communities, women and those living in the North have experienced little or no improvement since 2010. There has been a slowdown in life expectancy of a duration not witnessed in England for 120 years and that has not been seen to the same extent across the rest of Europe or in most other OECD countries and health has deteriorated for the population as a whole.”

Why do healthcare inequalities exist?

Discussion Points:

- What environmental or socio-economic factors contribute to these inequalities?
- What kind of health conditions are prevalent in more deprived areas that contribute to lower life and health expectancy?

The Social Determinants Of Health

- Inequalities in health in childhood
- Child poverty
- Adverse childhood experiences
- Inequalities in educational attainment
- Youth crime

The Social Determinants Of Health

- Work quality
- Rates of pay & “in work” poverty
- Zero hour contracts
- Automation

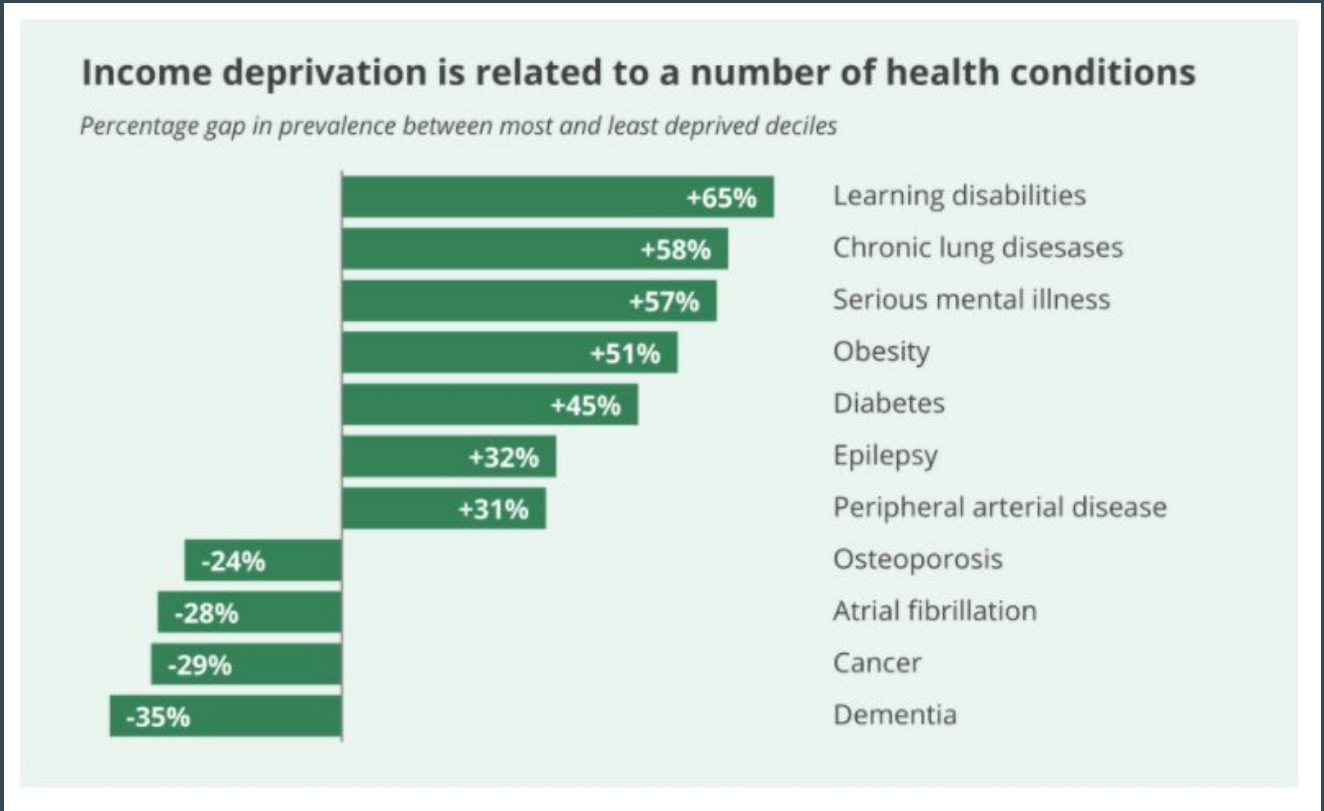
The Social Determinants Of Health

- Food insecurity
- Fuel poverty
- Household debt
- Social mobility

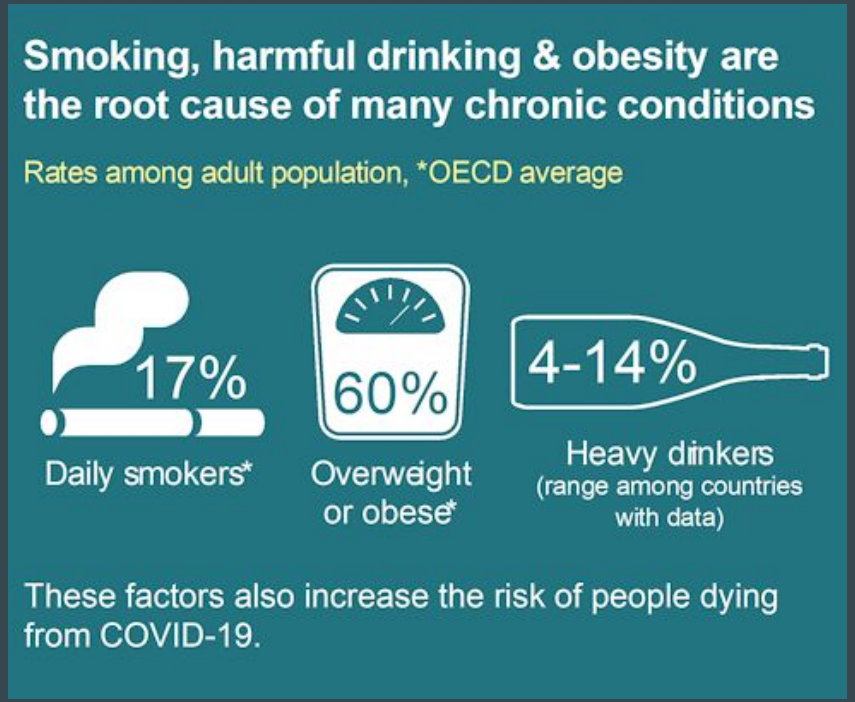
“Areas with income deprivation are more likely to have a range of health conditions including serious mental illness, obesity, diabetes, and learning disabilities”

https://commonslibrary.parliament.uk/health-inequalities-income-deprivation-and-north-south-divides/

Health conditions least deprived/most deprived areas



Avoidable mortality/preventable disease



https://www.oecd-ilibrary.org/sites/ae3016b9-en/index.html?itemId=/content/publication/ae3016b9-en

How do healthcare inequalities affect optometric practice?

Discussion points:

- What eye conditions are more likely to be prevalent due to healthcare inequalities?
- How might this also impact on the general health of the patient?
- What barriers may be in place to prevent people in deprived areas accessing the eye care they require?

What eye conditions are more likely to be prevalent due to healthcare inequalities?

“Smoking and cardiovascular disease are more prevalent in people with lower SES and living in more deprived areas. These common risk factors could indicate common pathological mechanisms, and cardiovascular risk factors may mediate the association between SES and AMD.”

Yip JLY, Muthy Z, Peto T for the UK Biobank Eye and Vision Consortium*, et al*Socioeconomic risk factors and age-related macular degeneration in the UK Biobank study*BMJ Open Ophthalmology* 2021;**6:**e000585. doi: 10.1136/bmjophth-2020-000585

Learning disabilities

“People with learning disabilities experience high levels of sight problems at all ages. Adults with learning disabilities are ten times more likely to experience sight loss than the general population. Children with a learning disability are 28 times more likely to have a serious sight problem. Many of the risk factors, such as smoking, diet, physical activity, hypertension and obesity associated with eye conditions such as glaucoma and diabetic eye disease are more likely to be present for people with learning disabilities than the general population”

Atlas of variation in risk factors and healthcare for vision in England August 2021

Socioeconomic deprivation is both a cause and an outcome of sight loss

“Area deprivation is associated with late presentation of glaucoma, which will result in increased risk of blindness from glaucoma. People living in more deprived areas are more likely to develop diabetes and diabetic retinopathy and are also less likely to attend retinal screening, all of which will increase risk of sight loss from diabetic retinopathy.”

Atlas of variation in risk factors and healthcare for vision in England August 2021

How do healthcare inequalities affect optometric practice?

“People with low vision are more likely to live in the most deprived areas; this association was independent of socioeconomic status and partly mediated by uncorrected refractive error. Targeting URE in deprived areas may reduce health inequalities associated with LV.”

Yip JL, Luben R, Hayat S, et al. Area deprivation, individual socioeconomic status and low vision in the EPIC-Norfolk Eye Study. *J Epidemiol Community Health*. 2014;68(3):204-210. doi:10.1136/jech-2013-203265

How do healthcare inequalities affect optometric practice?

“There is substantial evidence that an individual's lower socioeconomic status is associated with visual impairment, higher prevalence and incidence of eye disease, and ocular risk factors. Some studies have found that access to healthcare is an important consideration in the relationship between VI and SES, particularly for uncorrected refractive error”

Yip JL, Luben R, Hayat S, et al. Area deprivation, individual socioeconomic status and low vision in the EPIC-Norfolk Eye Study. *J Epidemiol Community Health*. 2014;68(3):204-210. doi:10.1136/jech-2013-203265

Poor Vision - The Vicious cycle

“Visual issues can exacerbate co-morbidities with other long-term health conditions, such as depression. Sight loss can also cause social isolation, increase a person’s risk of falling and create a fear of movement, which can then lead to poor muscle growth. This in turn increases frailty which leads to more social isolation - a vicious circle.”

https://www.college-optometrists.org/news/2019/october/advancing-our-health-prevention-in-the-2020s

Barriers to accessing eyecare

"Prevalence of sight loss is associated with having a lower income. Difficulty in getting to an optometrist and concerns about the cost of glasses can result in people not going for eye tests as often as they want, or delaying visits until they experience symptoms"

https://www.rnib.org.uk/sites/default/files/Eye%20health%20and%20sight%20loss%20stats%20and%20facts.pdf

Barriers to accessing eyecare

“Within more deprived areas there is a lack of public awareness of the health benefits of eye examinations combined with negative perceptions of optometry around the sale of spectacles, both of which affect people accessing services. There is also evidence of scarcity of optometry practices within areas of deprivation. Reasons for disparities in location and uptake are uncertain, the College of optometrists have suggested this could be linked to the optometry funding structures.”

Atlas of variation in risk factors and healthcare for vision in England August 2021

The future of eye care needs in the UK

Discussion points:

- How might healthcare inequalities experienced today impact on future eye health of the UK?
- What kind of problems may this pose to the eye care profession?
- How can we adapt?

The economic burden of sight loss to the NHS and wider society

“A study by Deloitte highlighted that the financial burden of eye health is significant for the NHS, and to wider society. In 2013, they estimated the total economic cost of sight loss to be £23.6 billion per year in England. This comprised £21.1 billion indirect costs associated with loss of productivity and reduced health and wellbeing.”

Atlas of variation in risk factors and healthcare for vision in England August 2021

Myopia - the future determinant of social status?

- High cost of myopia management treatments
- Could myopia become a problem for those based in less affluent areas?
- Increased risk of myopia related pathology in more deprived areas
- Other “non pathological” risk factors associated with myopia - uncorrected refractive error, trips, falls, accidents etc

Impact on eyecare profession?

- Provision of services dependant on area
- Practices in more deprived areas may have more clinic time taken up by avoidable pathology
- Less profitable practices in more deprived areas - less appealing to potential professionals - leading to lack of practices in more deprived areas
- Future of GOS? Is reform going to happen?

We endorse today what we wrote in the Marmot Review 10 years ago

"Health inequalities are not inevitable and can be significantly reduced... avoidable health inequalities are unfair and putting them right is a matter of social justice. There will be those who say that our recommendations cannot be afforded, particularly in the current economic climate. We say that it is inaction that cannot be afforded, for the human and economic costs are too high"

Michael Marmot, Chair Health Equity In England