

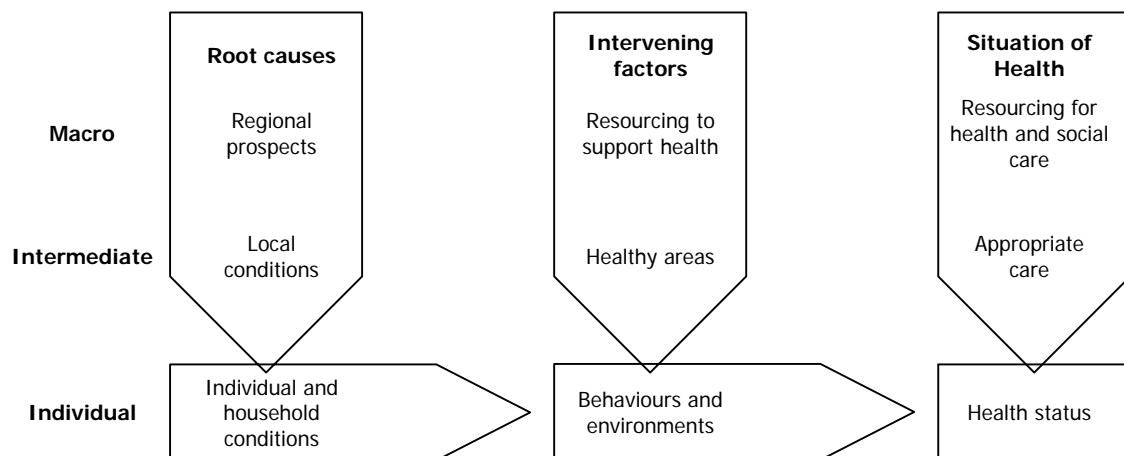
The Health Poverty Index

A Doncaster Summary

Introduction

The Health Poverty Index (HPI) emerged from the NHS plan (2000). The South East Public Health Observatory (SEPHO) and various academic partners were commissioned to develop the index for the Department of Health. Health poverty "...can be conceptualised as emerging from a history of intervening factors that are themselves based in a set of root causes. Each of these stages is influenced by the different contexts in which they take place. These can be seen as an immediate individual-household level, a local (intermediate) level and a wider social (macro) scale." (<http://www.hpi.org.uk/>). Health poverty is understood to mean a combination of current health status and future health potential. The resources and policies currently in place will determine this future health potential.

Table 1: HPI conceptual framework



The HPI framework provides a set of nine domains illustrated above and each domain has two or more indicators. These are listed below.

Table 2: The HPI domains and indicators

Context	Domain	Indicator
Root causes	Regional prospects	GDP
		Change in job supply
		Educational resourcing
	Local conditions	Social capital
		Education quality
	Household conditions	Income
Wealth		
Human capital		
Intervening factors	Resourcing to support health	Local government resourcing
		Preventive healthcare resourcing
		Recreational facilities
	Healthy areas	Access to preventive healthcare
		Quality of preventive healthcare
	Behaviours and environments	Lifestyle
		Home environments
		Work and local environments
		Healthcare resourcing
Situation of health	Resourcing for health and social care	Social care resourcing
		Effective primary / secondary care
	Appropriate care	Access to secondary care
		Access to social care
		Quality of social care
	Health status	Psychological morbidity
		Health capital
		Physical morbidity
		Premature mortality

The HPI in Doncaster

Chart 1: Spider graph* comparing Doncaster and England using ranked data

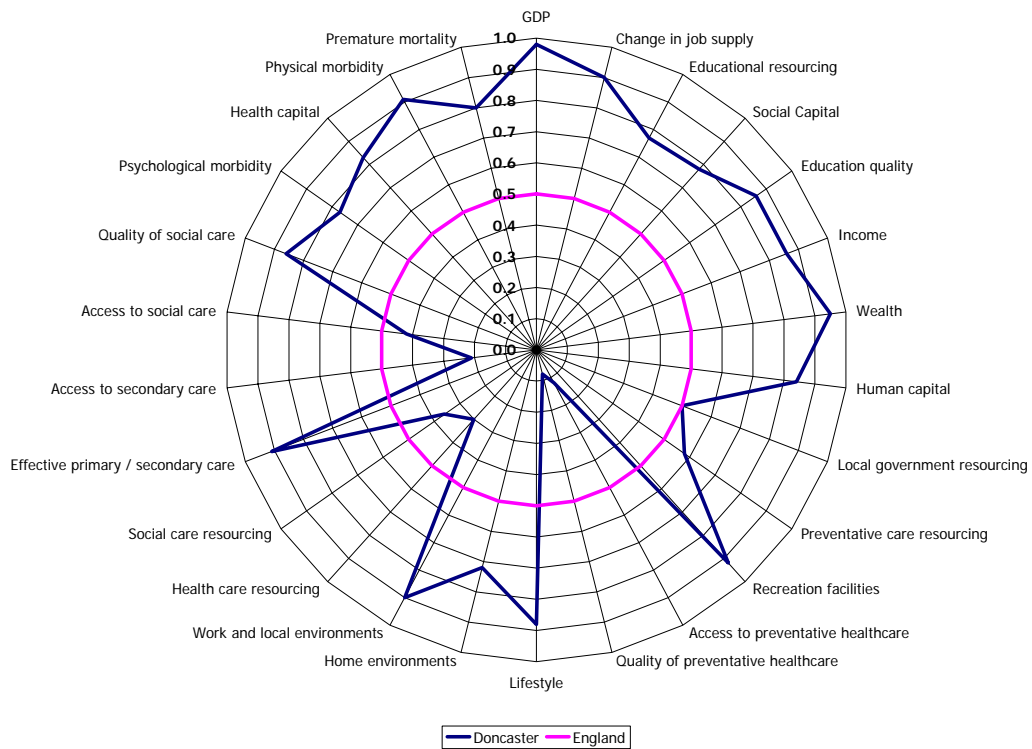
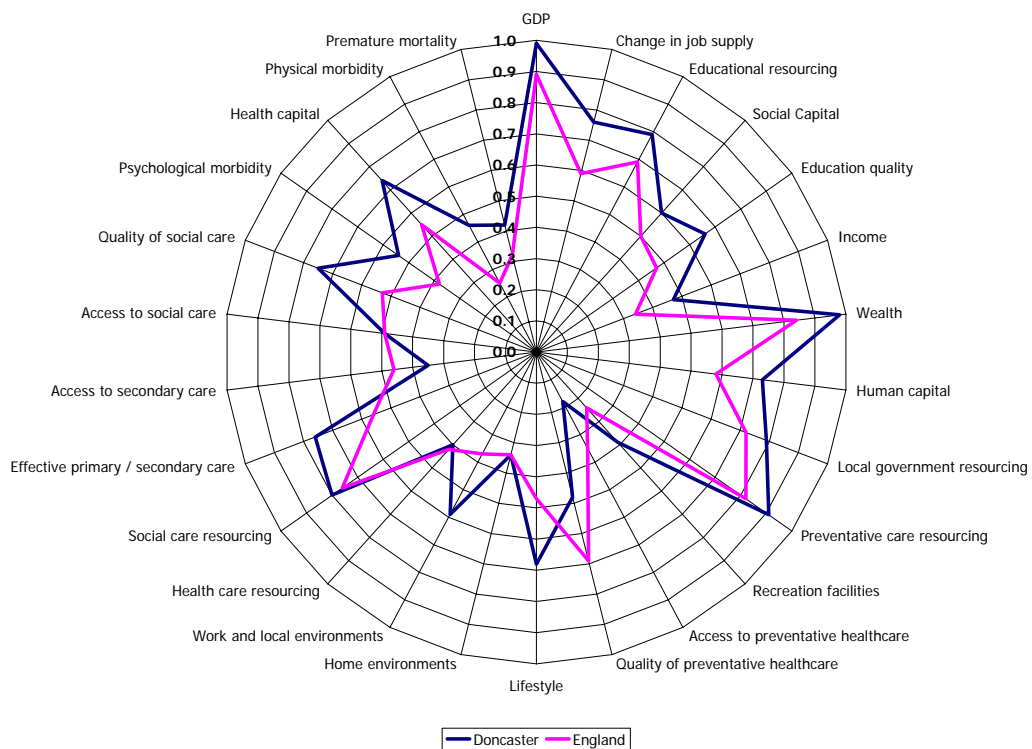


Chart 2: Spider graph* comparing Doncaster and England using scaled data



* Scores closer to the periphery of the graph indicate greater levels of health poverty.

The HPI, as it is currently constructed, has data at local authority area level only. The website allows comparisons to be made between any district, England as a whole, as well as various predefined local authority groupings. The indicators are presented in two ways, ranked data and scaled data. Ranked data shows a district's ranking compared to England or another district. Scaled data shows the relative score of that district. Both are presented as a score between 0 and 1, 0 representing the lowest levels of health poverty and 1 the highest.

Chart 1 shows that for all the 8 indicators of the root causes of ill health (*GDP to human capital*) Doncaster is in the 25% of districts with the worst health poverty and 6 of them (*GDP, change in job supply, education quality, income, wealth and human capital*) are in the worst 20%¹.

Care should be taken when interpreting these data. The ranked data, while apparently easier to interpret, can give a false impression of the actual differences between Doncaster and its comparator. Chart 2 compares Doncaster with England using scaled data rather than the ranked data. In the case of *social care resourcing* the position of Doncaster relative to England has actually been reversed.

Further caution should be used regarding the individual indicators. Doncaster appears to perform relatively well on *access to preventive healthcare*. This is based on the following data: Vaccination rates, breast and cervical screening rates and weighted whole time equivalent health visitors per capita. The performance of this indicator should be interpreted in this light. Other indicators are based on modelled data. The details of the construction of each of the indicators is available on the HPI website (<http://www.hpi.org.uk/indicators.php>).

The following bullet points summarise some of the implications for Doncaster of the HPI.

- In the domain of health status (*psychological morbidity to premature mortality*) all the indicators are in the worst 25% and 2 (*health capital and physical morbidity*) are in 20% most deprived districts in England.
- In all 13 indicators in Doncaster are in the 20% most deprived, excluding those already mentioned: *recreation facilities, lifestyle, work and local environments, effective primary and secondary care and quality of social care* are all in the worst 80%.
- One domain, which shows Doncaster to have better levels of health poverty, is Resourcing for health and social care (*Healthcare resourcing and Social care resourcing*). Both of the indicators in this domain are in the 40% with the best health poverty.
- Doncaster also appears to perform well in two of the three indicators in the Healthy areas domain (*Recreational facilities to Quality of preventive healthcare*). The district is in the 20% of districts with the least health poverty for both of the preventive healthcare domains (*Access to preventive healthcare and Quality of preventive healthcare*).
- Finally Doncaster also performs well in the *Access to secondary care* indicator.

¹ This report refers to the percentage of districts not the percentage of the England population

Doncaster Compared to ONS Group

Chart 3: Spider graph* comparing Doncaster and manufacturing towns using ranked data

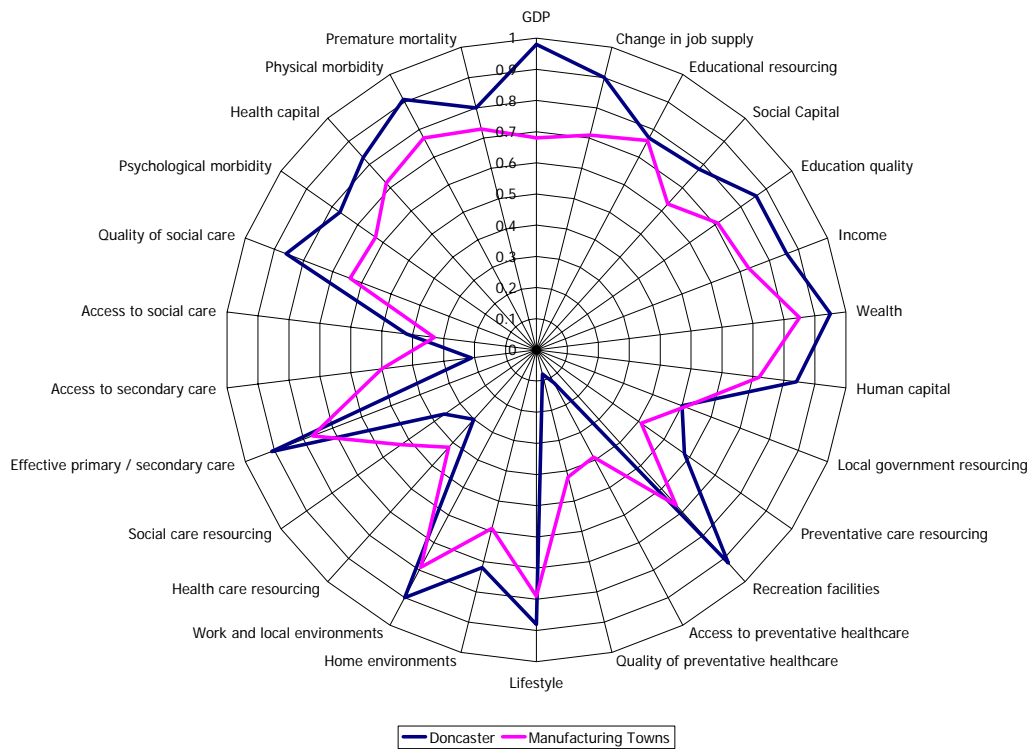
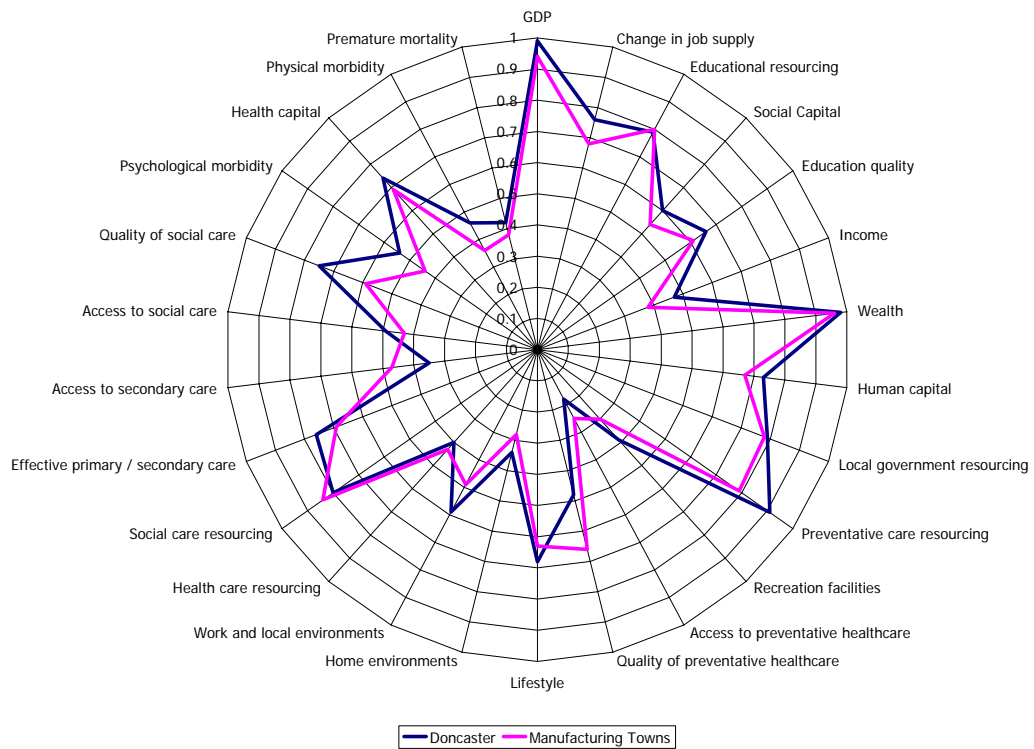


Chart 4: Spider graph* comparing Doncaster and manufacturing towns using scaled data



* Scores closer to the periphery of the graph indicate greater levels of health poverty.

The Office for National Statistics (ONS) has classified all UK districts into groups with similar demographic and socio-economic characteristics. The classification system has 8 super groups, 13 groups and a larger number of sub groups. Doncaster belongs to the *manufacturing towns* group, together with Barnsley and Rotherham. The charts compare Doncaster with other districts in the *manufacturing towns* group.

The ranked data (chart 3) show Doncaster to be a district with greater levels of health poverty in all but 5 of the indicators, when compared to other *manufacturing towns*. However the scaled data show that difference between Doncaster and the average for *manufacturing towns* are actually fairly close for all of the indicators, even those Doncaster appears to perform well on. The two indicators that show the district to have the highest levels of health poverty, compared to *manufacturing town* average are: *preventive care resourcing* and the *quality of social care*. The indicators that show the highest levels of health poverty are: the *quality of preventative healthcare* and *access to secondary care*.

Doncaster and the Spearhead Group

Chart 5: Spider graph* comparing Doncaster with Spearhead districts using ranked data

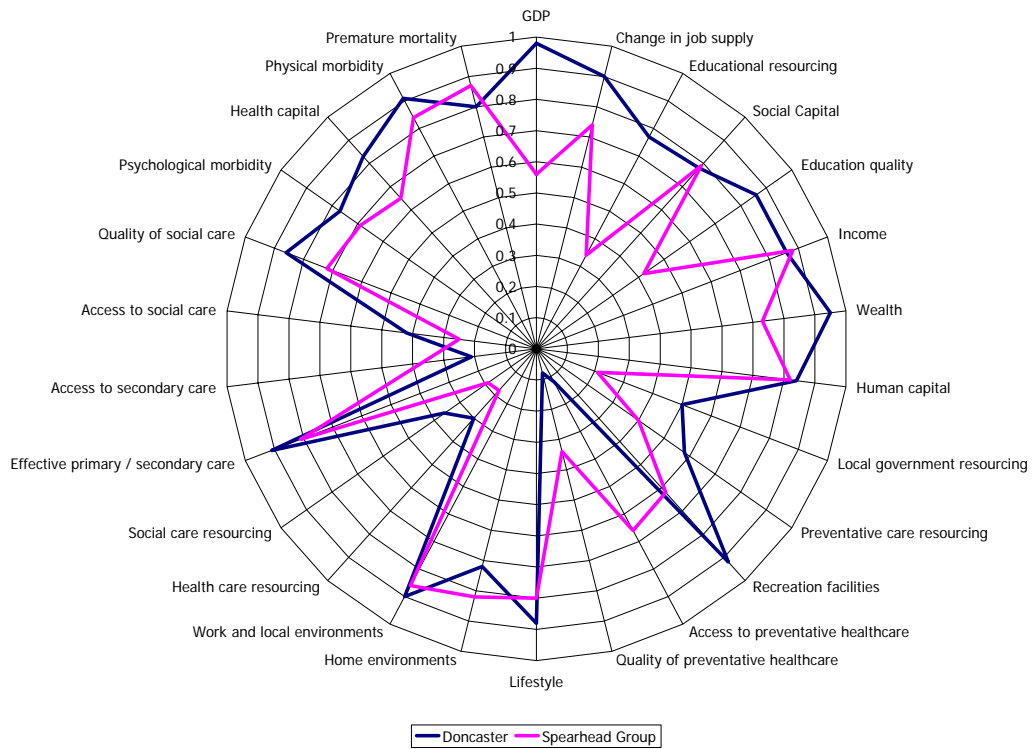
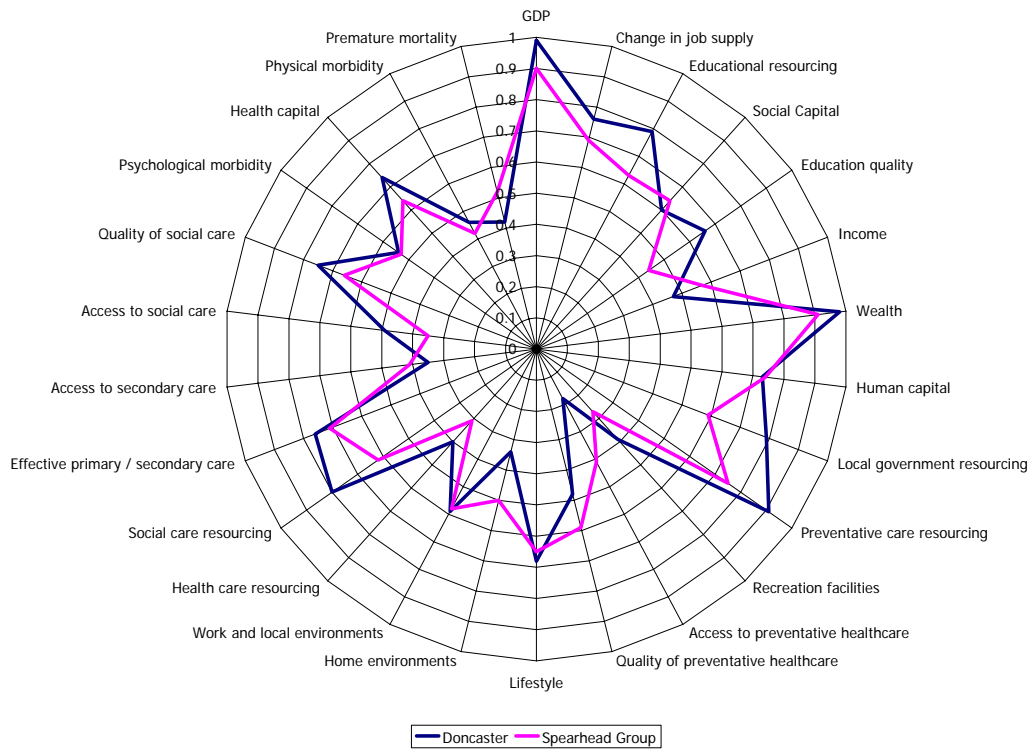


Chart 6: Spider graph* comparing Doncaster to the spearhead group using scaled data



* Scores closer to the periphery of the graph indicate greater levels of health poverty.

At the end of 2004 the secretary of State for Health announced the 88 PCTs in the most deprived areas in England would be first to pilot new interventions to improve health. These 88 PCTs in the 70 most deprived local authorities are referred to as the spearhead group. In south Yorkshire all three Doncaster PCTs as well as Barnsley and Rotherham are part of the spearhead group.

Doncaster, when compared to the average of the spearhead group, shows that its ranking on all the indicators relating to the root causes of health poverty (*GDP to human capital*) are higher than the spearhead group with the exception of *social capital* and *income*. This pattern is repeated in the health status domain.

The indicators that show Doncaster to have the greatest levels of health poverty compared to the average of the spearhead group are: *education quality* and *local government resourcing*. The indicators that show Doncaster to have lowest levels of health poverty compared to the spearhead group are: *home environments* and *access to preventive healthcare*.

Conclusion

The HPI concept can be difficult to understand and some of the indicators used by the tool should be carefully investigated. Nevertheless it does reveal high levels of health poverty in the root causes of health experience in Doncaster and this is reflected in the high levels of health poverty relating to the indicators of current health status. The website indicates that in the future the HPI will expand in scope.