

# Does an increase in promotion of health inequalities training have the potential to reduce gaps in health inequalities?



## Problem

Health inequalities are now widely recognised as a problem in society. Healthcare has a role in this. But even now, many people working in primary care know nothing about it – so how can we change this?



## Project Aim

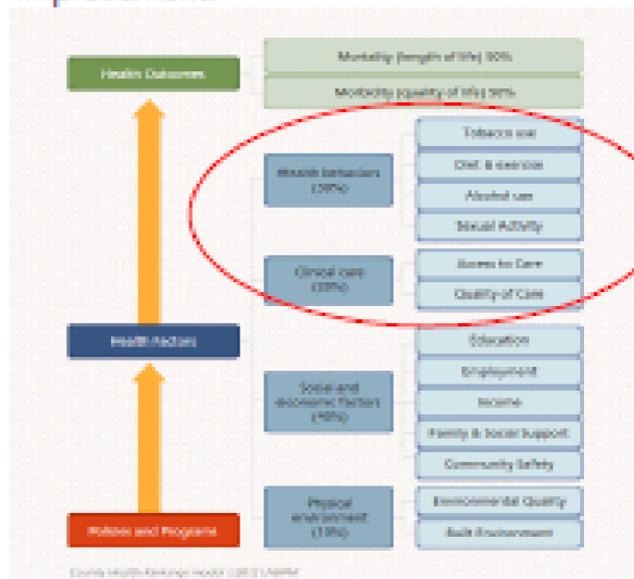
To assess awareness of current health inequalities training and create better health inequalities training in Derbyshire

## BACKGROUND

Health inequalities are “differences in health across the population, and between different groups in society, that are systematic, unfair and avoidable”<sup>1</sup>.



Core20PLUS5 is a national NHS England approach to support the reduction of health inequalities at both national and system level. The approach defines a target population cohort and identifies ‘5’ focus clinical areas requiring accelerated improvement.<sup>2</sup>



Primary care has influence in 50% of the contributing factors through clinical care, access to care, health promotion and disease prevention<sup>3</sup>.

Life expectancy (years)	Male	Female
National	78.5-83.2	78.3-86.3
Derby City	77.5	81.6
Derbs. County	79.1	82.4

Table showing life expectancy variation across the country – between the most and least deprived areas<sup>4,5,6</sup>

## What did we initially find?

Derby & Derbyshire Health Inequalities Quality Improvement Questionnaire

- 31 respondents across Derby City, Derbyshire North and South
- 65% were non-clinical staff
- The average confidence in their understanding of health inequalities was 3.8 out of 5 (1 low, 5 high)
- 48% had never done any formal health inequalities training
- Only 29% had heard of Core20PLUS5

## The Process



## Feedback from the newly developed face-to-face teaching sessions

### Session 1:

- Confidence (out of 5) in understanding of health inequalities increased from a mean of 2.75 to 4.44 (62% increase).

### Session 2:

- Confidence (out of 5) in understanding of health inequalities increased from a mean of 2.05 to 4.03 (97% increase)

50% of attendees across the two face-to-face sessions reported intent to change their practice as a result of the session

## Conclusion and Reflection

- Basic educational session “Introduction to Health Inequalities” can have a significant impact on primary care professionals understanding and awareness of health inequalities
- There is potential for an increase in promotion of health inequalities training to begin to reduce gaps in inequalities.
- There was not enough time during the fellowship to evaluate whether colleagues who underwent training will implement change in their practice following the session

## Recommendation

More funding should be available to allow face-to-face teaching on health inequalities to continue in the future.

## References

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