“Whose weights should be applied to different health states” in resource allocation?

Making Diversity Interventions Count Conference

1st June 2016, University of Bradford
Presentation outline

- Welfare, Extra Welfarism (EW)
- QALYs
- Non Good Characteristics (NGC)
- Capability and Agency freedom
- Morbidity and mortality measures
- Ethnic Diversity in the UK
- Gatekeepers, Habitus and Implicit bias (IB)
- Policy recommendations
<table>
<thead>
<tr>
<th>Welfarism</th>
<th>Extra Welfarism</th>
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<td>Maximises utility or social desirability</td>
<td>Developed to maximise health where health is valued for the benefits health can bring.</td>
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<td>Outcomes measured in monetary terms using Cost Benefit Analysis (CBA)</td>
<td>Foundation for Cost Utility Analysis (CUA)</td>
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<td>Based upon Willingness to pay</td>
<td>Provides a measure for the Quality Adjusted Life Years (QALY)</td>
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<td>Does not take account of evaluative space</td>
<td>Considers a broader evaluative space</td>
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Quality Adjusted Life Years (QALY)

- Policy decisions informed by economic evaluations.
- QALY uses Cost Utility Analysis (CUA) indicators interpreted through Incremental Cost effectiveness ratio (ICER)
- Utility scores estimated from the general population weights using preference-based measures of: Health Related Quality of Life (HRQoL) such as EQ-5D
  - Consists of two principal measurement components defined in terms of 5 dimensions
- Critique
The QALY as used in cost-utility analysis
Calculation: multiply the utility value associated with a given state of health by the years lived in that state.
Extra Welfarist approach to the QALY

Question: Does economic evaluation with an EW approach go far enough to actually maximise health?

- QALY only addresses specific aspects of health
  - EuroQoL EQ5D
EW and the NGC of Race

• Evidence that the overall health of BME groups are poor

• Race isn’t taken seriously enough as a NGC within EW

• QALYs are colour blind and standardise individuals which can lead to individuals being disempowerment

• QALY based upon the white majority
Integrating weights to the NGC within the QALY

EW evaluative space too narrow health perspective

- Calculations, make assumptions that can create inequality in allocation of resources
- A broader QALY for health maximisation and using the NGC
Capability and agency freedom

- Developed by Amartyn Sen in 1980

- Criticised limited focus upon utility as in Welfarism
- Advocated measures in terms of capability and not in terms of HRQOL
- Things that are actually more important to individuals than health

Focus:
- Not according to what individuals actually do (functionings)
  BUT
- What they can do (capabilities).

- Nussbaum (2000) frames these basic principles in terms of 10 capabilities
- Identified four evaluative categories – here I focus upon agency freedom and the ability of the health seeker to access the health market
Life expectancy and indicators of mortality

- Absent record of ethnicity at death
- Hospital episode statistics


- Even after controlling for socioeconomic factors that may explain mortality variation, self-reported health status still has a significant influence

- First generation immigrants tend to report having better self-reported health than ethnic minorities born in the UK (Rees and Wohland, 2008).

- Used in decisions relating to health and social care resource allocation.
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<th>Research on BME health using self reported health, Standardised illness ratios (SIR) Standard Mortality Rate (SMR)</th>
<th>Findings</th>
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<tbody>
<tr>
<td>Karlsen S, Nazroo JY(2002) Relation between racial discrimination, social class, and health among ethnic minority groups.</td>
<td>This study explored associations between racism, social class, and health among ethnic minority people in England and Wales. Findings: The different ways in which racism may manifest itself (as interpersonal violence, institutional discrimination, or socioeconomic disadvantage) all have independent detrimental effects on health, regardless of the health indicator used.</td>
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<td>Nazroo, J. (1997) <em>The Health of Britain’s Ethnic Minorities: Findings from a national community survey</em>, London: Policy Studies Institute</td>
<td>Large-scale survey shows that minority ethnic groups as a whole are more likely to report ill health, and that ill health among minority ethnic groups starts at a younger age than among the white British.</td>
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<td>Karlsen S, Nazroo JY (2010) Religious and ethnic differences in health: evidence from the Health Surveys for England 1999 and 2004. <em>Ethn Health</em> 2010;15:549–68</td>
<td>Older people from ethnic minorities report poorer health outcomes even after controlling for social and economic disadvantages. This result reflects the complexity of health inequalities among different ethnic groups in the UK, and the need to develop health policies which take into account differences in social and economic resources between different ethnic groups.</td>
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<td>Randhawa G (2007) <em>Tackling health inequalities for minority ethnic groups: challenges and opportunities</em>. A Race Equality Foundation</td>
<td>The report highlights that the risk of infant mortality is twice as high in minority ethnic groups compared to the national average.</td>
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</table>
ONS (2011) General health questions

Figure 4: Ranked percentages of ‘Not Good’ health: by ethnic group,

1. ‘Not Good’ general health was derived from those who answered either ‘Fair’, ‘Bad’ or ‘Very bad’ to the general health question in the 2011 Census
2. Median age refers to the central age of the population in that specific ethnic group

Source: Census - Office for National Statistics
LIFE EXPECTANCY AT BIRTH BY ETHNIC GROUP

Ethnic group

Age

males Females
Why ethnicity matters in resource allocation

- Worse health outcomes overall even after controlling for SES

- High prevalence across a number of health conditions and at younger ages

- Knowledge of BME groups can aid in allocating appropriate resources and access to health services

- Given evidence, resources and policies should reflect differences

Growth in Ethnic Diversity 1991-2011

- 1991
- 2001
- 2011

- All White
- Mixed White-Caribbean
- Mixed White-African
- Mixed Other
- Chinese
- Other Asian
- Other Black
- Indian
- Pakistani
- Caribbean
- Bangladeshi
- African
- Other

75% 80% 85% 90% 95% 100%
Likelihood of health conditions in African and Caribbean people UK

- Type 2 diabetes
- Mental health
- Schizophrenia
- Cardiovascular disease
- Stomach cancer
- Liver cancer
- Myeloma
- Dementia
- Prostate cancer
- Kidney disease
Health Related Quality of Life (HRQoL)

• HRQoL differs among ethnic minority groups (Bakewell, 2001, Butt 2005)

• Self reported studies identify racism as being a significant factor in HRQoL (Nazroo, 2001)

Question:
Are we misjudging the benefits of the QALY in terms of equity?
Bourdieu and Habitus and IB

• Gatekeepers are decision makers and are part of the field and habitus. Bourdieu 1984

➢ Allocation of resources, need to take account for the biases within the system to make clinical decisions

• These groups evaluate different medical treatments or public health interventions and then determine if the benefit is worth the cost

➢ Assumptions can be made by the gatekeepers using stereotypes formed in the habitus
Different health priorities

- e.g. screening for cardiovascular disease for those over 40 years old
- Lack of PSA screening for Prostate cancer
Conclusion

• Metrics or calculations around the QALY based on the majority population.

• Can impact upon health economic decision making with regard to the allocation of resources.

• Evidence from self reported surveys point to poor health and poor HRQoL from BME groups which are indicators for shorter life expectancy.

• Capabilities create a broader evaluative space to consider other factors such as agency freedoms that impact on health.
Policy recommendations

- Capability with the freedom to achieve should be the next stage of health economic theory

- Weighting of the NGC of race should be taken into account by gatekeepers QALY to determine a fairer allocation of resources.
References


References


