**# Faculty of Public Health

## Working to improve the public’s health

**Of the Royal Colleges of Physicians of the United Kingdom**

**

**OSPHE 182**

**Economic Recession and Health**

**QUESTION**

**Economic Recession and Health**

**CANDIDATE PACK**

Candidate task

You are a Public Health registrar meeting a local government manager to discuss the likely impact of an economic downturn (‘recession’) on health, and what the health service contribution to the response could be for a local area of five million people.

You have eight minutes to prepare for the station. You are not required to prepare any visual aids. You will then spend eight minutes discussing the task with a role player. You may use paper notes to aid your verbal briefing.

Outline of situation

Your country entered into recession in 2018. Unemployment rates have increased from 4.5% in 2018 to 7.9% in May 2020 and an improvement in the economy is not expected for another two years. Youth unemployment, at 20.9%, is a significant challenge.

Evidence from previous recessions and studies looking at the impact of unemployment on health has shown a generally negative impact upon the health of those affected. The Chief Executives of health and local government organisations in the local area have been meeting to discuss the impact of the recession, and how they can work together to mitigate this. There are severe pressures on both health and social care budgets with challenging targets for cash efficiency savings year on year for the foreseeable future, increasing demand and a rising pay bill due to incremental drift and other inflationary items. The manager you are meeting is developing a plan for a joint healthcare and social services response and has asked you for public health input. Their background is in social care.

Candidate guidance

Summarise the main health issues and outline the type of actions which could be put in place by the health service to mitigate the impact of the recession on health.

### At the station

You will be greeted by a marker examiner who will take your candidate number and name and then hand over to the actor playing the senior local government manager by saying.

“This is the local government manager. They will now start the station.”

Candidate Briefing Pack

**1** **Research abstract**

The public health effect of economic crises and alternative policy responses in Europe: an empirical analysis. Stuckler D, Basu S, Suhrcke M, Coutts A, McKee M. *Lancet* 2009; 374 (9686):315-23

#### Background

We investigated how economic changes have affected mortality rates over the past three decades and identified how governments might reduce adverse effects.

#### Methods

We used multivariate regression, correcting for population ageing, past mortality and employment trends, and country-specific differences in health-care infrastructure, to examine associations between changes in employment and mortality, and how associations were modified by different types of government expenditure for 26 European Union (EU) countries between 1970 and 2007.

#### Findings

We noted that:

1. every 1% increase in unemployment was associated with a:

* 0·79% rise in suicides at ages younger than 65 years ((95% CI 0·16—1·42) although the effect size was non-significant at all ages (0·49%, −0·04
* a 0·79% rise in homicides (95% CI 0·06—1·52).
* a decrease in road-traffic deaths by 1·39% (95% CI 0·64—2·14).

1. a more than 3% increase in unemployment had a greater effect on increasing suicides at ages younger than 65 years (4·45%, 95% CI 0·65—8·24) and increasing deaths from alcohol abuse (28·0%, 95% CI 12·30—43·70).
2. there was no consistent evidence across the EU that all-cause mortality rates increased when unemployment rose; although populations varied substantially in how sensitive mortality was to economic crises, depending partly on differences in social protection.

#### Interpretation

Rises in unemployment are associated with significant short-term increases in premature deaths from intentional violence, while reducing traffic fatalities. Active labour market programmes that keep and reintegrate workers in jobs could mitigate some adverse health effects of economic downturns.

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2 Local analysis of lifestyle survey according to working status

A cohort study in your local area showed that people adopting four healthy behaviours lived on average 14 years longer than those who adopted none. Last year, a public Lifestyle Survey of over 10,000 people in your local area included a question on working status. The proportion of the total adult responders who undertook these four healthy behaviours by working status is shown below (table 1).

##### Table 1: prevalence of four healthy behaviours by working status

|  |  |  |  |
| --- | --- | --- | --- |
| **Healthy behaviour (%)** | **Working full time (%)** | **Unemployed**  **(%)** | **All**  **(%)** |
| Non smoker | 79.4 | 66.4 | 81.5 |
| Five daily servings of fruit and vegetables | 40.4 | 30.3 | 41.7 |
| Sensible alcohol intake | 65.2 | 54.6 | 65.9 |
| Physically active | 47.8 | 43.3 | 42.8 |
| All four healthy behaviours | 11.4 | 8.1 | 11.2 |

**3 National unemployment data**

**Table 2: National unemployment rates by previous occupation,**

**first quarter 2018-2020**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Unemployment rates** | | | |
| **Period** | **Professional**  **occupations**  **%** | **Managers and**  **senior officials**  **%** | **Sales and customer services**  **%** | **Low-skilled, low paid occupations**  **%** |
| Jan-Mar 2018 | 2.2 | 3.2 | 9.1 | 11.9 |
| Jan-Mar 2019 | 2.8 | 3.2 | 11.4 | 12.7 |
| Jan-Mar 2020 | 2.4 | 2.7 | 10.7 | 13.0 |

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**Economic Recession and Health**

**MAIN MARKER**

**EXAMINER PACK**

Examiner situation

The marker examiner will greet the candidate, take their candidate number and name and then hand over to the actor by saying:

“This is the local government manager. They will now start the station”.

Examiner Answer guidance

This station assesses the candidate’s ability to:

* assess the briefing material
* respond to questions about the technical content
* suggest ways for the NHS to help.

**Examiner briefing pack** (these will be inserted by the Faculty office)

Candidate pack, Actor briefing pack.

**Marking guide for Examiners**

Specific marking guidance is carefully prepared to indicate to you when a candidate should fail (or excel) at a particular competency based on core material from the scenario. However, we recognise that we cannot anticipate all possible candidate responses. If a candidate says something that in your view merits a fail (or indicates excellence) on that competency or station that we have not explicitly included in the marking guidance, it is important that you do then mark the candidate as a fail (or indicate excellence). In that situation, you need to operate outside the specific marking guidance but please detail the issue in the examination feedback.

1. Has the candidate appropriately demonstrated presenting skills in a typical public health setting (presenting to a person or audience)?

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| --- |
| Avoids jargon. Is clear. Appropriate language for the audience. Maintains eye contact. Appropriate manner for the situation: polite but not deferential. |

2. Has the candidate appropriately demonstrated listening skills in a typical public health setting (listening and responding appropriately)?

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| --- |
| Ensures actor questions are answered appropriately; answers totality of the question, manner of response appropriate, candidate clarifies if uncertain. Shows empathy. |

1. Has the candidate demonstrated ascertainment of key public health facts from the material provided and used it appropriately?

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| --- |
| An **adequate candidate:**   * identifies the following in a somewhat dated 26 country European study: * the changes in different causes of mortality associated with increases in unemployment and comment on the differing strengths of the associations:   + - 1% increase in unemployment associated with small increase in mortality from suicides (significant <65y only) and homicides and a significant decreased mortality from road traffic accidents * >3% increase in unemployment associated with larger significant increases in mortality from suicides in people <65y and in deaths from alcohol abuse. * summarises the lifestyle information (which is fewer healthy behaviours in unemployed people) but notes no confidence limits for a sample of 10,000 from of 5 million * notes the unemployment rates are different by group but not within a group over time.   A **good candidate notes:**   * the impact of unemployment on mortality in a country may depend on the degree of social protection i.e. formal welfare systems so need to assess the UK context * the difficulty in distinguishing if poorer health behaviour results from unemployment or that poorer health behaviours are more prevalent in groups that have higher unemployment rates. * the positive impact of the decrease in traffic accidents and therefore air pollution (though pollution is not mentioned in the briefing material) * notes the employment data are national so might not apply to the local population   **A poor candidate:**   * replays the data provided with no comment on statistical validity i.e. the significance levels in the research paper and the lack of confidence limits in table 1 * assumes the data in table 2 refer to the local population. |

1. Has the candidate given a balanced view and/or explained appropriately key public health concepts in a public health setting?

|  |
| --- |
| An adequate candidate:Discusses how services might need reviewing to help higher risk groups e.g. alcohol, smoking and substance misuse prevention and treatment, programmes to support people with poor mental health, primary & community health services in areas with high unemploymentProposes ways health services can support other partner agencies such as  * using local suppliers & workforce; * health staff identifying those at risk and providing information about e.g. food banks, debt advice; paediatric staff encouraging uptake of free school meals * linking with front-line services outside the healthcare e.g. provision of NHS health checks through job centres and providing and youth services with information on alcohol and suicide prevention, help lines etc.   A **good candidate:**   * discusses training needs e.g. healthcare staff and also staff in other agencies (e.g. police, fire services) on brief preventative interventions * explains how close partnership working with other agencies is crucial (active labour market programmes keep and reintegrate workers into jobs, and social protection from welfare systems reduce health impacts of unemployment).   A **poor** **candidate:**   * gives limited examples of how and what services might need reviewing * does not explain how healthcare could work more widely * does not mention partnership working |

5. Has the candidate demonstrated sensitivity in handling uncertainty, the unexpected, conflict and/or responding to challenging questions?

|  |
| --- |
| An **adequate candidate:**   * identifies that public health teams can assess evidence for preventive interventions, including economic evaluations, return on investment, and the potential for releasing resource by adopting evidence-based efficiencies. * advocates for public health at a time of recession.   A **good candidate**   * identifies that public health teams have a role in health care service re-design, and advising on prioritisation to release resources in ways which ensure that population health does not decline as a consequence * explains that spending on public health programmes should be maintained during a period of financial constraint, because of the long term impact on health outcomes, health inequalities, life expectancy and health service capacity. * Notes that healthcare staff (or their families) may fall into the higher risk groups   A **poor** **candidate:**   * cannot articulate the role of the public health * does not advocate for maintaining spend on public health programmes. |

**Economic Recession and Health**

**ACTOR BRIEFING PACK**

Station background

As candidate pack.

Actor Brief

You are a local government manager meeting a Public Health registrar to discuss the likely implication of the economic recession on health in the local area and the potential health service response. This will form part of a joint health and social care response to be agreed by local chief executives of health service and social service organisations. You are unclear what the data mean and need the public health registrar to explain then and also confirm what help the team can give in delivering the strategy.

Start the station by saying:

**“Thanks very much for coming to see me to help explain the information we have. So far, we have had just under 4% increase in unemployment. What negative health effects might we expect to see?”**

[From the study, 1% increase in unemployment leads to small increase in mortality from suicides (significant under 65 years only) and homicides and a significant decreased mortality from road traffic accidents. A larger increase (>3%) in unemployment associated with larger significant increases in mortality from suicides in people <65 years and deaths from alcohol abuse. The impact of unemployment on mortality in a country may depend on the degree of social protection i.e. formal welfare systems, so need to take UK context into account.]

Then ask:

**“What does the other data tell us?”**

* [Re table 1: fewer healthy behaviours in unemployed people which may increase the risk of chronic diseases and deaths in the future. Difficult to distinguish if poorer health behaviour results from unemployment or reflects that poorer health behaviours are more prevalent in certain groups who also have higher unemployment rates. Positive impact such as decreased road traffic accidents and likely traffic pollution (latter not in the briefing material). No confidence intervals so unclear if variations are significant. Re table 2, notes the unemployment rates are different by group but not within a group over time. Mentions data are national so might not apply locally ].

Then ask:

**“What sort of responses should the health service consider for its own services to mitigate the impact of this recession in the area?”**

[Make sure adequate prevention and treatment provision for higher risk behaviour re alcohol, smoking, drug misuse e.g. and also programmes to support people with poor mental health. Ensure adequate primary & community health services particularly in deprived areas. Train staff in brief identification and advice and developing referral and signposting for lifestyle risk behaviours.]

Then ask:

**“Do you think the health service should support other organisations to reduce the impact of the recession and unemployment?**

[Yes. Close partnership working with other agencies crucial since an active labour market programmes (to keep and reintegrate workers into jobs) and social protection from welfare systems can reduce adverse health impacts of unemployment].

And if not offered:

**“How might they do that?”**

[Use local suppliers & workforce. Ensure use health staff have information about e.g. food banks, debt advice. Make close links with front-line services to enable access by e.g. providing NHS health checks through job centres and providing job centres/youth services with information on alcohol and suicide prevention, help lines etc. Develop referral routes for debt & benefits advice from primary & community care. Paediatric services promote uptake of free school meals].

Then ask:

**“The recession will result in a funding gap for our organisation and put pressure on budgets. Shouldn’t we just reduce our public health programmes and protect services?”**

[No. Spending should be maintained because of the long term impact on health outcomes, life expectancy and health service demand. Healthcare staff (or their families) might fall into the higher risk groups so programme will help workforce.]

Then finally:

**“So how can the public health team help protect our current health improvement programmes?”**

[By assessing evidence for preventive interventions and show the potential for releasing resource by evidence based efficiencies. In health care service provision by advising on re-design, identifying effectiveness/cost-effectiveness and advising on prioritisation to release resources in ways which ensure that population health does not decline as a consequence].

**Any ‘no go’ areas**

None.

**Level of conflict**

Low. You expect accurate answers on the evidence of health impacts of a recession (the information on this is in the briefing) and you expect competent and coherent advice, with specific examples, on potential responses by the health service. You may be irritated if advice is not clear.