

Inequality is hidden in plain sight

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We agree with Moscrop and colleagues that socioeconomic inequalities are being hidden in plain sight by area based “averaging” of social disadvantage, which blunts social gradients and conceals pockets of disadvantage like hostels or homeless people.¹ Area based scores such as the index of material deprivation (IMD) are important tools, but they lack resolution at an individual level, particularly where the urban or rural affluent rub shoulders with the most disadvantaged people in the same postcodes.

In 2019 Hackney Council used a stratified random sample to interview 1024 Hackney residents aged 16 years and over. Participants were asked the question, “Do you ever have difficulty making ends meet at the end of the month?” with the answers always (5%), sometimes (33%), rarely/never (60%), or preferred not to say (2%).^{2 3} Responses were compared with the average IMD in the participants’ postcodes. Reported smoking status, Short Warwick-Edinburgh Mental Wellbeing Scale, and health impairment were also included.

Self-reported economic circumstance was associated with greater discrimination of reported indices than area based IMD scores. The descriptive figures can be viewed at <https://www.qmul.ac.uk/blizard/ceg/re-search/recordinginequalities/>.

Asking people to report their own economic circumstances is comparable to general practitioners collecting data on self-reported ethnic group, which we have successfully pioneered throughout east London in over 90% of adults.⁴ This was achieved with staff training, standard data entry templates, and initial financial incentives to promote this now routine data collection that was recently mandated nationally. A similar approach could be taken to record self-reported economic situation, which would transform knowledge about the socioeconomic circumstance of patients, relevant to planning, public health, and direct care.

IMD is based on census information with partial updating every 4-5 years. General practice could do at least as well for individually self-reported socioeconomic status. Evaluation of pilots of implementation across a variety of locations would be a suitable next step.

Competing interests: None declared.

Full response at: <https://www.bmj.com/content/371/bmj.m4150/rr-3>.

- 1 Moscrop A, Ziebland S, Bloch G, Iraola JR. If social determinants of health are so important, shouldn't we ask patients about them? *BMJ* 2020;371:m4150. doi: 10.1136/bmj.m4150 pmid: 33234506
- 2 Miller AJWL, Taylor J, Robson J. *Testing an individual level instrument of self-reported socio-economic deprivation in Hackney* Warwick University, 2019. <https://www.qmul.ac.uk/blizard/ceg/research/recordinginequalities/>
- 3 BMG Research. City and Hackney Health and Wellbeing Survey 2019. <https://hackneyjsna.org.uk/wp-content/uploads/2019/06/Hackney-Health-and-Wellbeing-Survey-2019-Report.pdf>
- 4 Hull SA, Mathur R, Badrick E, Robson J, Boomla K. Recording ethnicity in primary care: assessing the methods and impact. *Br J Gen Pract* 2011;61:e290-4. doi: 10.3399/bjgp11X572544 pmid: 21619753