



# Deprivation and disease: addressing health inequalities

It's widely recognised that **social and economic factors impact on people's health**. Covid-19 has starkly highlighted persistent gaps in health and healthcare access. People with more income deprivation and less access to hospital care are more likely to have **a late diagnosis or to not have the chance to access clinical trials**. This includes serious mental illness, obesity, diabetes, cancer, and other conditions that ultimately lead to worse health outcomes.

What is missing in this debate are the **deep human stories and solutions** that can help pharmaceutical companies advocate for change among national decision-makers. We as research agencies are often placed in privileged positions on the 'front-line' of the lived experiences of such challenges, from both patients and HCPs alike. Our insights have the potential and power to **advocate for policy change and galvanise funding for vital patient support initiatives**.

## What are the implications for pharmaceutical companies?

While health equity is largely viewed as the domain of governments, providers, and payers, pharmaceutical companies can, and must, play a role in closing gaps in medical access and outcomes. In fact, pharmaceutical companies are uniquely positioned to help reduce health disparities. From drug development and clinical trials to medication adherence, pharmaceutical companies have a reach that cuts across the entire health ecosystem and patient journey.

Leading pharma companies **adopt medicine strategies and integrate health access initiatives** within their overarching business models. Companies have been found to be meaningfully contributing to better health outcomes in low- and middle- income countries by being sensitive to the complex interplay between income, geography and access to health. This in turn has resulted in **pharma companies opening up the market to certain treatments and procedures otherwise not available to certain segments of the population**. While the sector has targeted disparities globally, the COVID-19 pandemic put a spotlight on prominent vulnerabilities in developed nations.

To have an impact, health equity must become a priority as both a moral and business imperative – with commitments by corporate leaders to engrain health equity within the product life cycle.

## What does this mean for research / best practice?

Research agencies need to continue to be **sensitive to the multifaceted and complex nature of health inequalities**, and design research bearing in mind some of the root causes of inequality. For example, where you were born or live is often a strong predictor of a person's medical history. Such social determinants as housing, food and nutrition, transportation, and employment status can affect 50% of health outcomes. Further, less tangible factors such as bias at the bedside can have a detrimental effect on outcomes. Conscious or unconscious, bias creeps into clinical decision-making. This impacts what tests patients are given, how they are treated, and, eventually, their outcomes. Research samples need to include representation of these populations so as to capture the disparity in research findings.

Research can be leveraged as justification for and monitoring of health inequalities and disparate access. This mindset facilitates a 'proactive' approach to health inequalities and offers innovative actionable solutions to address treatment access. **Raising awareness of these health inequality challenges** and unlocking powerful patient stories can elevate the profile of a particular treatment / service a pharma company can offer. Further, opportunities for public relation activities can be leveraged on the back of these insights to engage the general public and shed light on these challenges.

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