

# **Inferring policy from evidence? The case of non-communicable disease and health inequalities the UK .**

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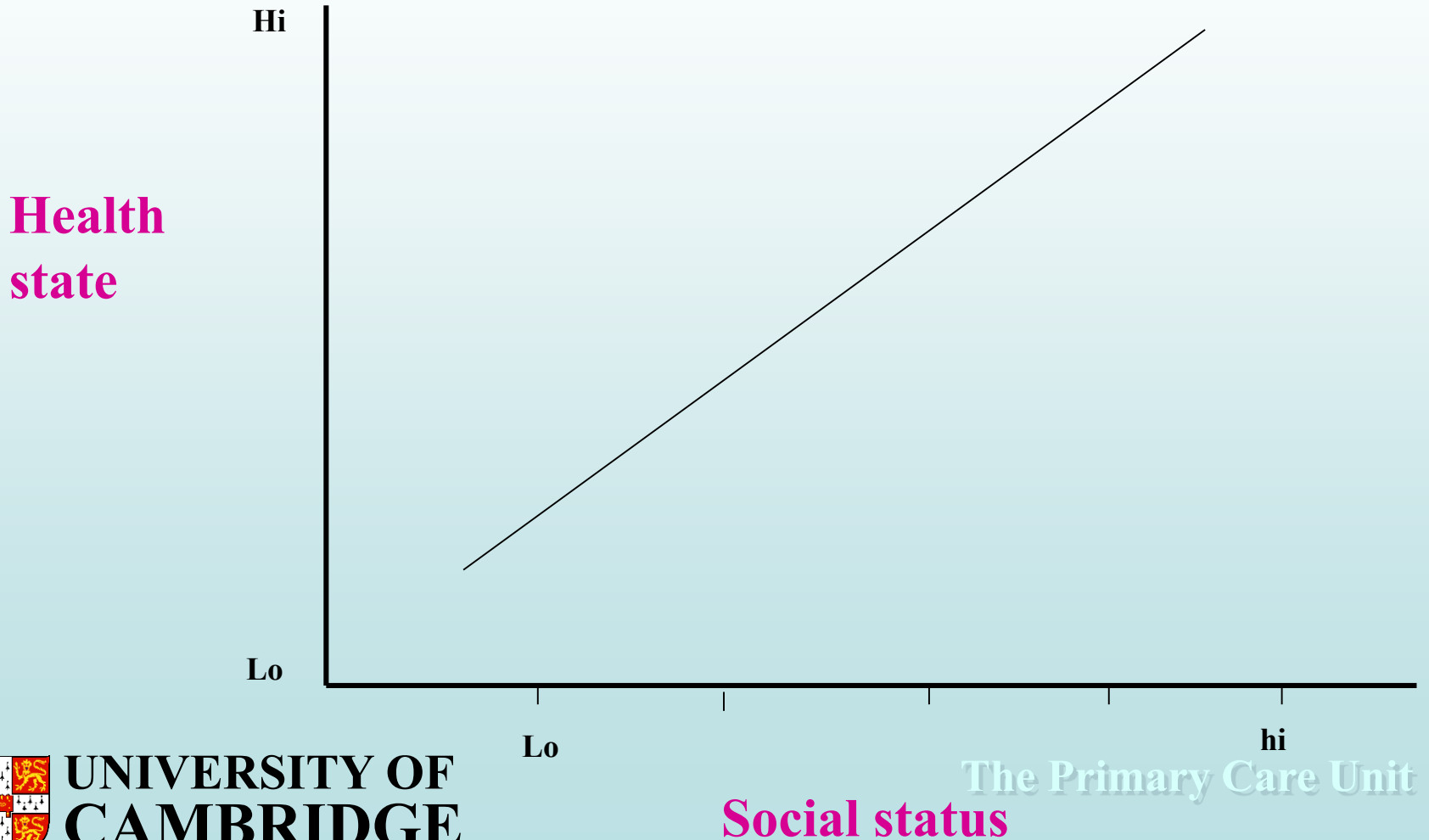
University of Cambridge; and

RAND Cambridge

# **Non-communicable disease.**

- Tobacco.
- Alcohol.
- Diet.
- Exercise.

# The health gradient



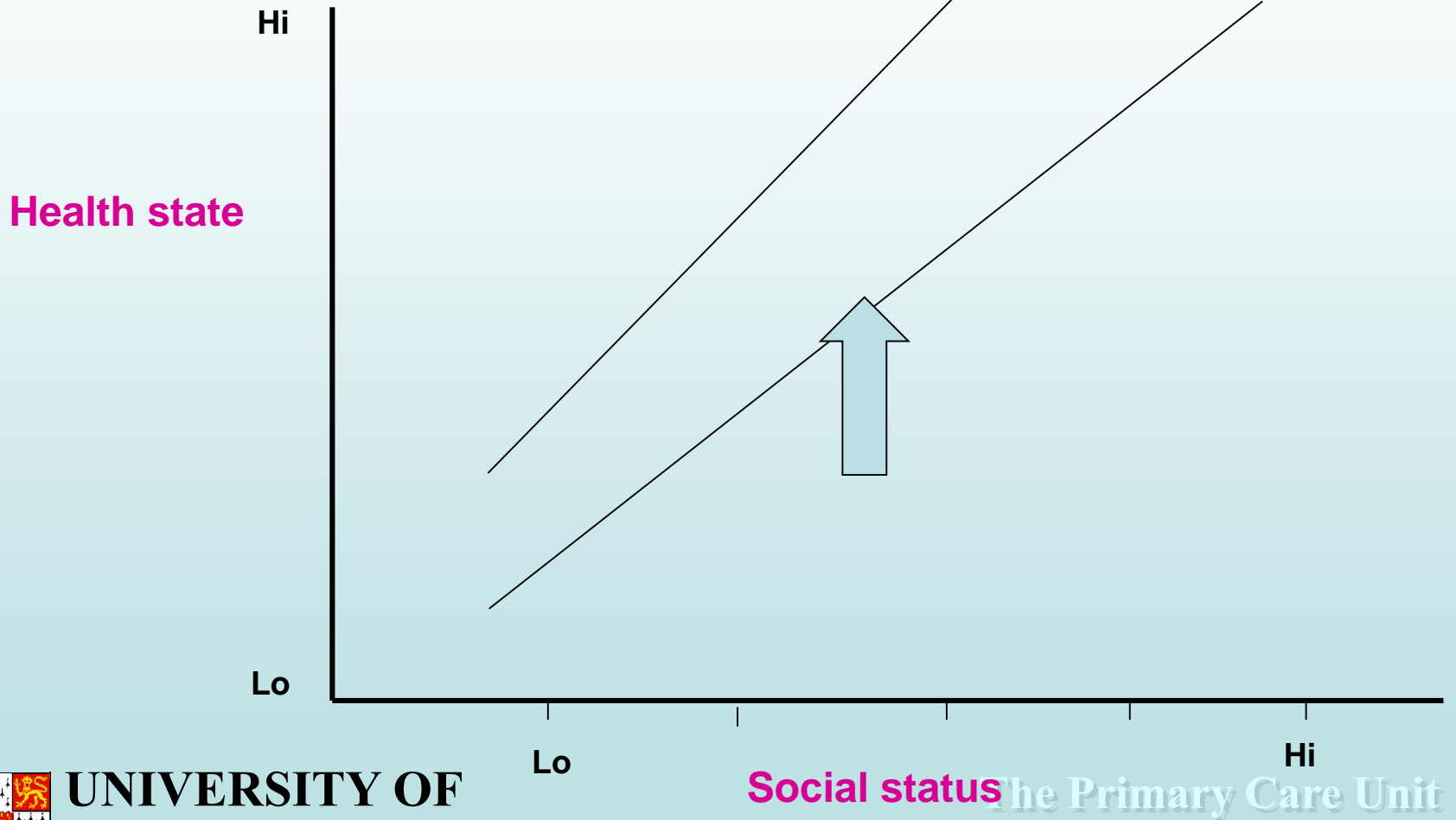
# Policy documents 1976-2010.

- *Prevention and Health – Everybody’s Business (1976).*
- *The Health of the Nation: A Strategy for Health in England (1992).*
- *Saving Lives: Our Healthier Nation (1999).*
- *Tackling Health Inequalities: A Programme for Action (2003).*
- *Choosing Health: Making Healthy Choices Easier (2004).*
- *Healthy Lives, Healthy People (2010)*

- Very strong policy commitment especially under New Labour to “tackle” and to reduce health inequalities linked to NCDs.

- Mackenbach, J.P. (2010) Has the English strategy to reduce health inequalities failed? *Social Science and Medicine*; 71: 1249-53.

# The health gradient



# A typical argument.

- *Saving Lives: Our Healthier Nation* argued that “the causes of ill-health are many: a complex interaction between personal, social, economic and environmental factors” (Table I, 3B). Yet the main approach offered to reducing health inequalities focuses on ensuring *individuals* are informed about risks to their health as “in most cases it is for the individual to decide whether to take the risk” (Table I, 3E).



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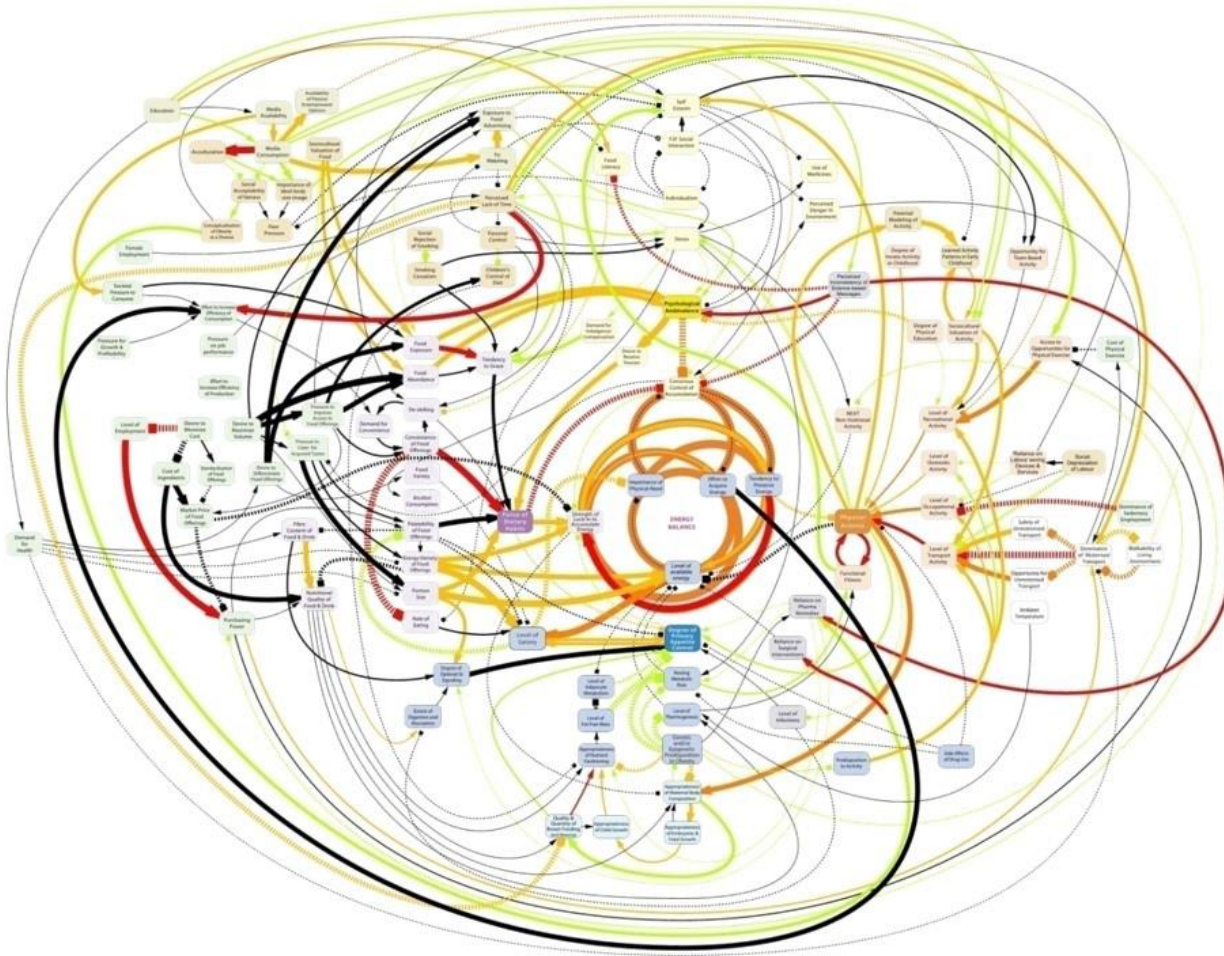
# All of this in spite of :

A very large evidence base drawing on sociological, biological, historical, neuroscientific, philosophical and psychological evidence about the dynamic and relational nature of the phenomena.



# **A brief governmental excursus into complexity.**

# Obesity and the Foresight Report.



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- Shifts responsibility to individuals and away from industry, advertisers and the state.
- “Its obvious, its about individuals” – the individuated self in the Western psyche and legal systems.
- The individual in the epidemiological method.
- Measurement of individual characteristics not relational ones.
- The risk factor approach - smoking, diet, physical inactivity, alcohol consumption.

# Measurement of social differentiation.

- SES is taken as an aggregation of individual characteristics.



# Variables

## Individual characteristics

- Blood pressure
- Height
- Personality –Introversion  
– extraversion
- Morbidity
- Occupation
- Sex

## Relational characteristic

- Social class
- Gender
- Social status
- Tribe
- Caste

# The difference between population health and individual health

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- Why is Mr Smith, who lives in Glasgow, sick?
- Why is the health of the population of the West of Scotland worse than everywhere else in the UK?

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- Theoretical and empirical dimensions of the contours and dimensions of inequality not well described – the axes of differentiation and their intersection completely missing from policy.

# Measurement of social differentiation.

- SES is taken as an aggregation of individual characteristics.
- The idea of class is absent in its dynamic sense.
- The intersections between class, gender, ethnicity, geography, sexual orientation, disability ignored.
- The social differentiation in the population glossed over.

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- Must move beyond linear causal models of risk.
- It is helpful to conceptualise health inequalities as an emergent property of the recursive nature of social life.
- Need to develop integrated multi disciplinary models of patterning of health inequalities.

# Dynamic thinking.

- The importance of history large and small.

# Gairdner's death rate data (from Farr) per 000

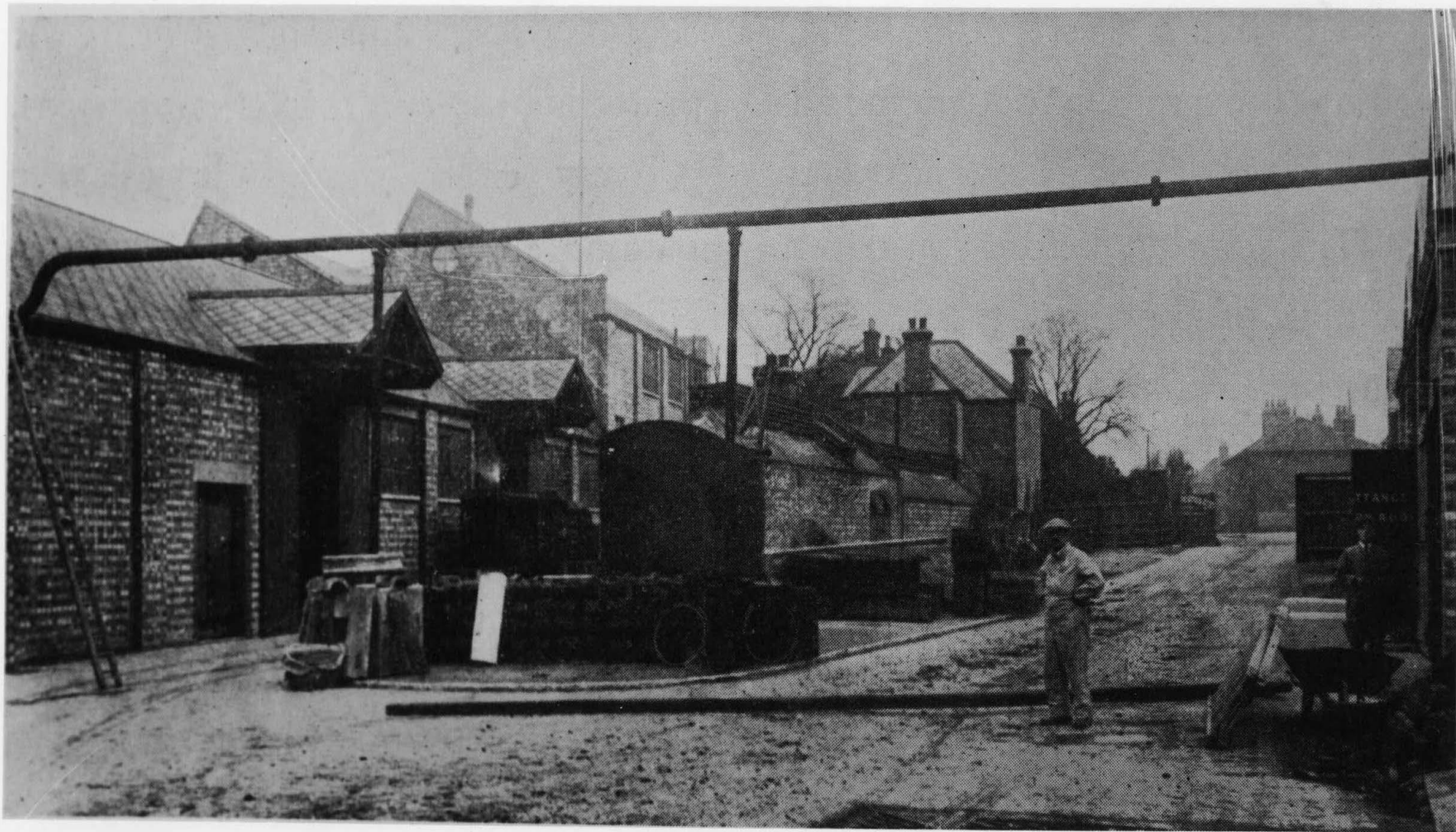
- Eastbourne 15
- Rothbury 16
- Reigate 17
- Dorking 18
- Surrey 22
- London, York, Plymouth, Bradford, Gateshead, Dudley 27
- Leicester, Wolverhampton, Stoke, Coventry, Bolton, Sheffield, Newcastle 30
- Leeds 31
- Glasgow 32
- Hull 33
- Manchester 33
- Liverpool 36

*Public Health in Relation to Air and Water*, Edinburgh 1862



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# Dynamic thinking.

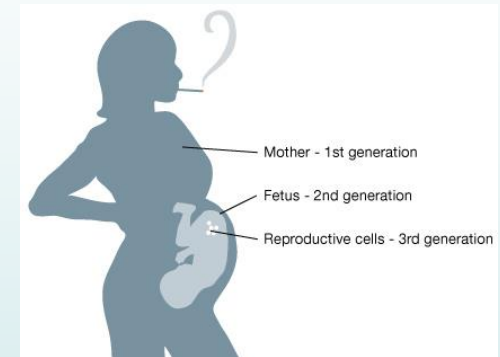
- The importance of history large and small.
- The importance of power gender, class and ethnic relations.

# Dynamic thinking.

- The importance of history large and small.
- The importance of power gender, class and ethnic relations.
- Biology and in health inequalities – epigenetics and developmental programming.

# Developmental programming and epigenetics

- Growing foetus is sensitive to alterations in the environment
- How physiological adaptations to changes in early environment lead to permanent programming of organ systems
- How early life events, both in the womb and after birth, influence future (adult) health and well-being
- Moving beyond mouse models...





# Dynamic thinking.

- The importance of history large and small.
- The importance of power gender, class and ethnic relations.
- Biology and in health inequalities – epigenetics and developmental programming.
- Relational ideas of social justice.



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# Capabilities

- Sen, A. (2009) *The Idea of Justice*, London: Allen Lane


# Dynamic thinking.

- The importance of history large and small.
- The importance of power gender, class and ethnic relations.
- Biology and in health inequalities – epigenetics and developmental programming.
- Relational ideas of social justice.
- The lessons from economics.



# CAPITAL

*in the Twenty-First Century*



THOMAS  
PIKETTY

TRANSLATED BY ARTHUR GOLDHAMMER

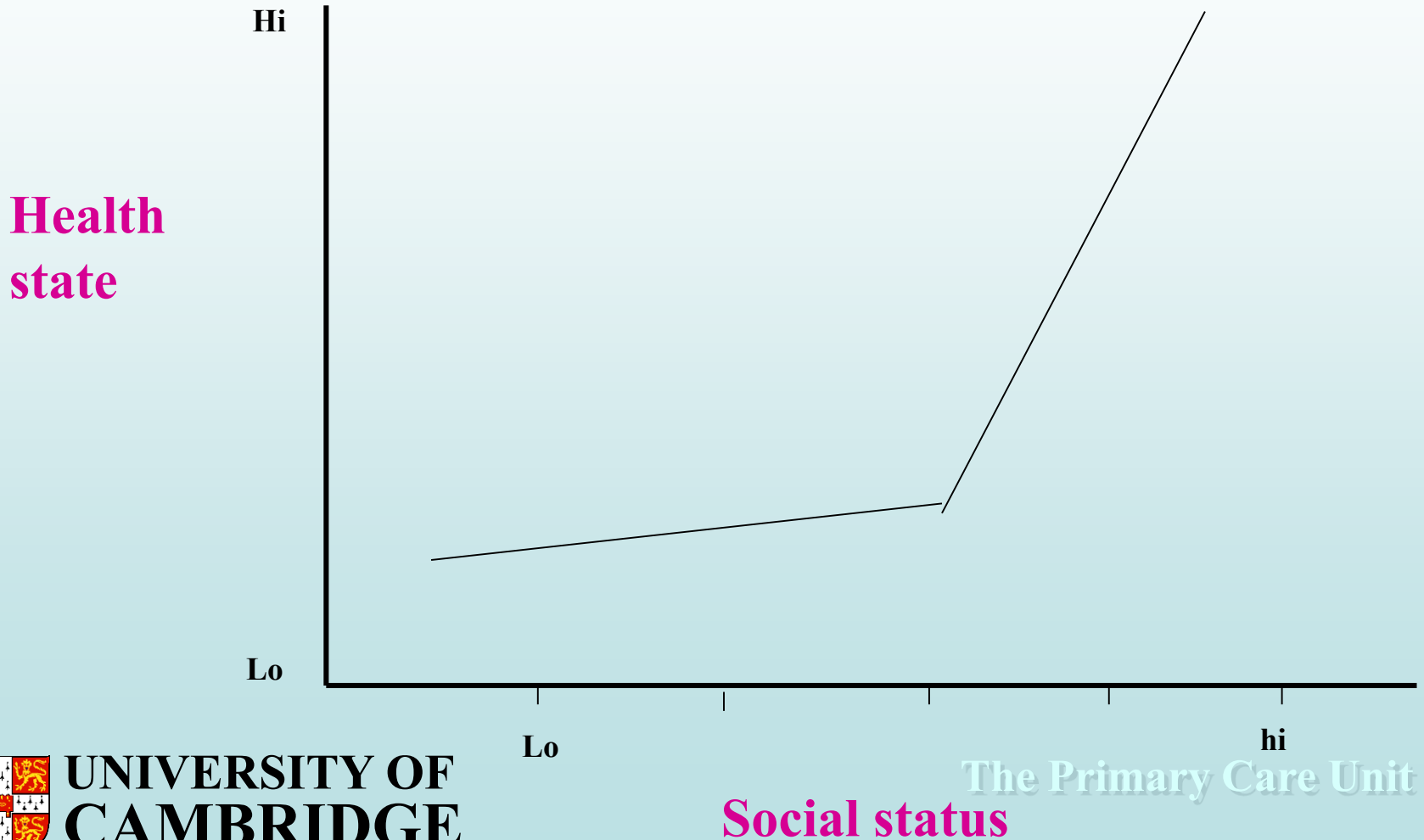


Varoufakis, Y. (2015) The  
Global Minotaur: America,  
Europe and the Future of the  
Global Economy, London:  
Zed Books.





# The health gradient



# Conclusion.

- The necessity for a sociological approach.
- The need to reframe policy.
- The importance of the integrated models and explanations.

- Kelly, M.P., Kelly, R., Russo, F. (2014) The integration of social, behavioural and biological mechanisms in models of pathogenesis, *Perspectives in Biology and Medicine*; 57: 308-28.

# Thank you

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