

Tackling health inequalities since the Acheson Inquiry

M G Marmot

Policies are in place that could make a difference

It has been said that there are two types of people in the world: those that think there are two types of people and those who do not. If I were not disbarred by the contradiction, I would belong to the second group. This applies to my view of health inequalities—both to the problem and its solutions. Health inequalities are not confined to differences in health between rich and poor; health follows a social gradient: the higher the position in the social hierarchy, the lower the risk of ill health. Similarly, the policy responses to health inequalities are likely to be graded—shades of grey rather than black and white.

In Britain, we have recognised the problem of health inequalities for a long time.¹ That is not news. The news would be if a government took seriously reduction of health inequality. Governments take health care seriously. The newspapers and politicians are full of stories about how many nurses, or surgeons there are, how much is being spent on health care, how long is the waiting list, how long the wait for surgery. The magnitude of health inequalities is not the currency of daily debate. How, then, could we tell if a government took seriously reduction of health inequalities? They might declare publicly that health inequalities are a problem to be solved; perhaps set in motion a process to garner expert advice to tell them what to do; it might help to set targets for reduction of health inequalities, as an aspiration; policies need to be put in place; and a system set up to determine if any of the policies are having effect.

Based on this list, one could almost conclude that the British government has taken seriously reduction of health inequalities. It is not that they belong to the group of governments that care as distinct from those that don't, but on a scale, it would appear they are at the concerned end. It is worth examining the record.

On election in 1997, the new Labour government announced that they were going to give health inequalities centre place. This was a reversal of the previous

government's policy of ignoring health inequalities; the most egregious evidence of which was the rejection of the Black report on health inequalities.² The way the new government signalled its intent was to set up an Independent Inquiry into Inequalities in Health under the chairmanship of a former chief medical officer, Sir Donald Acheson.³ The Acheson group, as had the Black report nearly two decades earlier, took the view that the causes of health inequalities were socioeconomic, were rooted in society, and not primarily the result of unequal access to health care. Acheson's recommendations were, therefore, directed across the whole of government.⁴ Only 3 of the 39 recommendations were to do with medical care.

What would the government do with our recommendations? The initial signs were not promising. They welcomed our report. There was no news in that. By comparison, the government of Margaret Thatcher buried the Black report, to the fury of the scientific community and consequent wide publicity. As a member of the Acheson group, I was concerned initially that welcoming our report could be a recipe for doing little—killed with blandness. In fact, they did more than a tepid welcome, considerably more. The government issued a white paper on health strategy, *Saving Lives, our Healthy Nation*,⁵ in which the two overarching health goals were to improve health and reduce inequalities.

A big question was whether to set numerical targets for reduction of health inequalities. On the one hand, it is difficult to set a target if one cannot calculate the effect of actions. If population concentrations of plasma cholesterol were reduced by 10% one could make a reasonably precise estimate of the reduction of coronary heart disease that would follow. With social

determinants of health it is different. It may be that the most effective way of reducing coronary heart disease rates 60 years from now is to invest in early child development today. But no one could, at the present state of knowledge, put a quantitative estimate on that effect. How then is it feasible to set numerical targets? On the other hand, the setting of targets is aspirational. If taken seriously, it concentrates attention on what can be done.

In the event, the government set two targets: one for life expectancy between regions and one for infant mortality. If it is accepted that health inequalities are graded, how should the social gradient be reflected in the setting of targets? A target for a measure such as the relative index of inequality⁶ would have little public recognition. One way of doing this is the way the government chose: to reduce by 10% the gap in infant mortality between manual groups and the population as a whole. This is deceptively challenging. It means moving about half the population towards the average, which will change as the bottom half improves. It may not be an explicit recognition of the gradient, but it is a clear statement that health inequalities are not confined to poor health for those at the bottom.

In terms of our scorecard to see if government were serious about health inequalities, so far so good: national recognition, assembly of expert opinion, and setting of targets. Did anything real get put in place with respect to actual policies? To answer that question we set up a post-Acheson inquiry with the aim of determining what policies the government had put in place that were likely to have a favourable effect on reducing health inequalities.⁷ It would, of course, be of great interest to know if the Acheson Inquiry was the direct cause of the policies, but such ascertainment is difficult. A government that set up Acheson is likely to be one that cares about inequality and fairness in society. If such care leads to policies, they are likely to have an impact on health inequalities.

It is important to distinguish at least three aspects of policies. Is there a policy to improve things, is that policy actually making a difference on the ground, and is it having an impact on health inequalities. For example, there may be a recognition that inadequate and expensive public transport contributes to the disadvantage of non-car owners and there may then be a high sounding policy to improve access to public transport. If, as seems the case, there is no evidence of improvement in access to public transport, it cannot have an impact on health inequalities.

¹The Scientific Advisory Group of the inquiry consisted of Donald Acheson, David Barker, Jacky Chambers, Hilary Graham, Michael Marmot, Margaret Whitehead, and Scientific Secretary Catherine Low, and Administrative Secretary, Roy Enderwick.

Tackling Health Inequalities Since The Acheson Inquiry

**Jacqueline Merchant, Barbara
Griffin, Anne Charnock**



Tackling Health Inequalities Since The Acheson Inquiry:

Tackling Health Inequalities Since the Acheson Inquiry Mark Exworthy, 2003 In 1997 the Independent Inquiry into Inequalities in Health led by Sir Donald Acheson was commissioned to conduct a review of the latest available information on inequalities in health and to identify priority areas for future policy development to reduce health inequalities Tackling health inequalities since the Acheson Inquiry describes policies in relation to the Inquiry's recommendations examines the policy context with emphasis on the content and chronology of current policies presents three case studies focusing on policy developments in contrasting sectors tax and benefit reform performance management and transport considers interpretations of progress and offers recommendations for future policy making vbTab This report is invaluable to researchers interested in health inequalities and in public policy It is also aimed at practitioners and policy makers who are involved in designing and implementing policies to tackle health inequalities

Tackling Health Inequalities Dennis Raphael, 2012 Tackling Health Inequalities Lessons from International Experiences provides a unique perspective on health inequalities in Canada and elsewhere This exciting new volume brings together experiences from seven wealthy developed nations the United States Australia Britain and Northern Ireland Canada Finland Norway and Sweden to analyze their contrasting approaches to reducing avoidable health problems Some nations are successfully responding to health inequalities but Canada and the United States are not among them Why is this and what can we learn from other nations Through a political economy lens Tackling Health Inequalities considers how societal structures and institutions shape the distribution of economic political and social resources that affect health disparities amongst the population The volume then goes on to examine how governing authorities come to either confront or ignore these health inequalities and the conditions that create them Through these illustrations it encourages governing authorities that are tackling health inequalities to continue their efforts and directs those that are not such as in Canada and elsewhere towards what must be done This groundbreaking text shows the primary lessons from these international experiences that citizens in Canada and elsewhere need to educate themselves about the importance of tackling health inequalities and then build the political and social movements that will compel governmental authorities to take action This volume will serve as a rich resource for professionals and general readers interested in health studies nursing social work public policy and political economy

What Works in Tackling Health Inequalities? Sheena Asthana, Joyce Halliday, 2006 Establishing what works in health inequalities policy how and why this book gives evidence of key targets for intervention through a detailed exploration of lifetime pathways and processes that are found to give rise to health inequalities

Health Inequalities Katherine E. Smith, Clare Bambra, Sarah E. Hill, 2015-11-26 Informed by a wealth of available research between 1997 and 2010 the UK Labour government introduced a raft of policies to reduce health inequalities Despite this by most measures the UK's health inequalities have continued to widen This failure has prompted calls for new approaches to health inequalities research and

some consensus that public health researchers ought to be more actively involved in public health advocacy Yet there is currently no agreement as to what these new research agendas should be and despite multiple commentaries reflecting on recent UK efforts to reduce health inequalities there has so far been little attempt to map future directions for research or to examine what more egalitarian policies means in practical terms Health Inequalities Critical Perspectives addresses these concerns It takes stock of the UK s experiences of health inequalities research and policy to date reflecting on the lessons that have been learnt from these experiences both within the UK and internationally The book identifies emergent research and policy topics exploring the perspectives of actors working in a range of professional settings on these agendas Finally the book considers potential ways of improving the links between health inequalities research policy and practice including via advocacy With contributions from established international health inequalities experts and newer up and coming researchers in the field as well as individuals working on health inequalities in policy practice and civil society settings Health

Inequalities Critical Perspectives is a must buy for researchers postgraduate students policymakers practitioners and research funders **Challenging health inequalities** Dowler, Elizabeth, Spencer, Nick J., 2007-09-05 This book offers a unique multi disciplinary perspective on tackling health inequalities in a rich country examining the New Labour policy agenda for tackling health inequalities and its inherent challenges The book presents an overview of progress since the publication of the seminal and ambitious 1998 Acheson Inquiry into health inequalities and the theoretical and methodological issues underpinning health inequalities The contributors consider the determinants of inequality for example early childhood experience and ethnicity the factors that mediate the relationship between determinants and health nutrition housing and health behaviour and the sectoral policy interventions in user involvement local area partnership working and social work Challenging health inequalities offers a combination of broad analysis of progress from differing perspectives and will be key reading to academics students and policy makers

Health Promotion and Quality of Life in Canada Dennis Raphael, 2010-02-01 Health and quality of life are vital social reflections The way a society distributes resources amongst its population tells us a great deal about the society itself This unique volume unites readings that explore the integral link between quality of life and public policy choices The first section discusses individual perspectives on health promotion and quality of life and provides a conceptual basis for determining an individual s or community s standard The next section addresses community and policy perspectives to show how quality of life is related both to the health of the population as a whole and to collective choices that determine how material resources are distributed in society Part three places quality of life and population health within a political economy framework and uses the social determinants of health concept to illustrate how societies differ in their willingness to support their members quality of life and health Part four examines vulnerable populations and their issues the Indigenous community persons with disabilities women and the gender gap and the effects of race and immigrant status on employment opportunities The final section suggests ways in which health

promotion quality of life and the social determinants of health agendas can come together It provides an up to date analysis of the barriers facing those attempting to improve quality of life and health as well as the means to accomplish those goals

Health Action Zones Marian Barnes,Linda Bauld,Michaela Benzeval,Mhairi Mackenzie,Helen Sullivan,Ken Judge,2012-09-10 Health Action Zones HAZ were one of the earliest and most prominent area based initiatives launched by the New Labour government in England soon after it came to power in 1997 Written by members of the team undertaking the national evaluation of HAZ this book examines the initiative s development and impact from a variety of perspectives It outlines important features of the social policy and evaluative environment within which HAZ were established and discusses enduring themes such as building and developing capacity with diverse and unequal partners within complex policy systems Multidisciplinary in nature the book provides in depth analysis of a key policy initiative offering guidance on how best to design implement and evaluate future initiatives intended to deal with fundamental social problems Health Inequalities Great Britain. Parliament. House of Commons. Health Committee,2008 Unequal health Daniel Dorling,2013-03-05 Health inequalities are the most important inequalities of all and in the United States and United Kingdom they have reached a formidable size In this new book from provocative critic Daniel Dorling health inequalities are held up as the scandal of our times While health is generally better now than it was a century ago the gaps in life expectancy between regions cities even neighborhoods have surpassed the worst measures recorded over the past century Drawing on international studies annotated lectures newspaper articles and interviews Dorling provides an authoritative critique of this egregious social problem calling for immediate action against an injustice that any leading nation should be ashamed to allow Policy and Strategy for Improving Health and Wellbeing Lesley Coles,Elizabeth Porter,2011-06-02 As health policy at a national level has ever increasing impact on local health services it is essential that public health students understand how the development and implementation of policy and strategy provide the framework for improving quality innovation productivity and prevention in the delivery of healthcare The book is divided into two sections with section one covering a strategic overview of national policies and section two giving specific local implementation of policy examples to support section one Case studies and examples will help the reader to understand the policy and strategy and to apply them to their local setting

Poor Health Virginia Berridge,Stuart Blume,2013-07-04 The 1980 Black Report by Sir Douglas Black has kept health inequalities at the forefront of the public health agenda This volume explores the history and development of studies and concern over health inequalities especially in relation to the 1980 report *The Social Design Reader* Elizabeth Resnick,2019-07-11 The Social Design Reader explores the ways in which design can be a catalyst for social change Bringing together key texts of the last fifty years editor Elizabeth Resnick traces the emergence of the notion of socially responsible design This volume represents the authentic voices of the thinkers writers and designers who are helping to build a canon of informed literature which documents the development of the discipline The Social Design Reader is divided into three parts

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A Dictionary of Epidemiology Miquel Porta, 2008-07-03 The new edition of this classic text remains the definitive dictionary in epidemiology In fact it is more than a dictionary with some reviewers remarking that if they had to limit their professional library to one volume this would be the book they would choose In the complex field of epidemiology the definition and concise explanation of terms is a key to understanding epidemiologic concepts and the dictionary goes beyond simple definitions as it place each term firmly and clearly in its fuller epidemiologic context It clarifies concepts fills the gap in one s education and jogs the memory of nearly forgotten terms

Radical Reforms Christopher Chapman, Helen Gunter, 2008-12-09 This book draws on the lessons from one of the most intensive periods of educational reform in any country during recent times The post 1997 English experience under a New Labour government is used to illustrate the opportunities and challenges associated with attempting to develop a world class education system Such reforms are fiercely contested and often polarized with proponents stressing the opportunities created while others reveal the erosion of professional values Contributions from UK and overseas researchers including Andy Hargreaves and John Smyth reflect on the implications for those concerned with developing education systems across the globe Focusing on the challenges of radical reform in key areas including variation in educational achievement accountability and standards linking school and community policies workforce reform and choice and diversity the book includes chapters on Accountability for School Improvement Workforce modelling and Distributed Leadership Multi agency Work and Children s Services The Education and Poverty Link Personalised Learning Initial Teacher Education Drawing on the framework developed by New Labour to assess the approaches to and outcomes of interventions and the extent to which policies can deliver promised transformations but going much deeper and wider than this the authors present a critical account of reform by studying examples of policies and conceptualizing the interplay between policy practice and research With contributions from leading international commentators this book will be of interest to researchers in education education policy and school leadership

Vital Notes for Nurses Jane Wills, 2011-12-08 Vital Notes for Nurses Promoting Health is a concise accessible introduction to health promotion and public health for pre registration nursing students and newly qualified nurses Promoting the health and well being of patients is a vital part of the nursing role This introductory text in the Vital Notes for Nurses series explores issues such as public health priorities health inequalities health promotion settings and the role of the nurse in health promotion roles Written in a clear accessible style which assumes no

prior knowledge Each chapter includes learning objectives case studies scenarios activities and learning outcomes Includes specific application to nursing practice in every chapter Identifies strategies for promoting health with individuals and communities and for protecting the health of the general population *The Ashgate Research Companion to the Globalization of Health* Ted Schrecker, 2016-03-23 Global health has emerged as a distinct field of academic research and professional activity Over the last decade health has become an important element of many nations foreign policies a routine agenda item for the G8 and a rapidly expanding focus of bilateral and multilateral development assistance Some aspects of health like the spread of easily transmitted communicable diseases are self evidently global in an age of rapid low cost air travel Many more reflect the influence of transnational economic integration globalization and its effects on national economies societies and health systems In still other cases like non communicable diseases in most low and middle income countries the lack of impact on the interests of more powerful actors outside the borders of the affected areas makes it difficult to generate the concern and action on the part of the global community that may be imperative for ethical reasons This multinational volume of original contributed papers simultaneously provides an overview of the state of current global health scholarship reflects the multidisciplinary nature of the field and highlights the most significant issues for research and policy *Education and Poverty in Affluent Countries* Carlo Raffo, Alan Dyson, Helen Gunter, Dave Hall, Lisa Jones, Afroditi Kalambouka, 2009-12-04 This unique book brings together scholarship and analysis from some of the most influential scholars on education to provide a comprehensive mapping of research evidence and policy strategies about education and poverty in affluent countries *Sport and Physical Activity* Jacqueline Merchant, Barbara Griffin, Anne Charnock, 2017-09-16 This authoritative introduction to physical activity applies the main theories models and approaches in health promotion to the field of sport and exercise It draws together the disciplines of psychology sociology physiology and social policy to look at issues affecting the health of individuals of communities and of society as a whole **Public Health For The 21st Century** Orme, Judy, Powell, Jane, Taylor, Pat, 2007-02-01 This bestselling book has been substantially updated to take into account changing policy and practice **Key Topics in Public Health** Linda Ewles, 2005-05-24 The eBook version of this title gives you access to the complete book content electronically Evolve eBooks allows you to quickly search the entire book make notes add highlights and study more efficiently Buying other Evolve eBooks titles makes your learning experience even better all of the eBooks will work together on your electronic bookshelf so that you can search across your entire library of Nursing eBooks Please note that this version is the eBook only and does not include the printed textbook Alternatively you can buy the Text and Evolve eBooks Package which gives you the printed book plus the eBook Please scroll down to our Related Titles section to find this title Key Topics is a short easy to read text that provides basic information about twelve key topics in public health such as diabetes cancer smoking and teenage pregnancy and how prevention and health promotion should be tackled at community and one to one levels The twelve topics are the must dos of public health action They have been

selected because they are those addressed in current national public health strategies such as Saving Lives our healthier nation and comparable strategies in Scotland Wales and Northern Ireland Many are the subject of National Service Frameworks and other national policies and plans they are often accompanied by targets which health workers are expected to meet Topics often relate to each other e g smoking and cancer so cross references will be provided Accessible and useful in clear plain English Provides a foundation for further study planning a work programme or planning a strategy to meet targets Practical focus on health inequalities and how to tackle them and on help for practitioners who work at a community and one to one level Explicit links to national current public health policy and targets Reflects recommendations based on best practice and evidence of effectiveness Focuses on a topic framework except for the last two chapters in contrast to other frameworks for health promotion and public health Attractive layout making full use of bullet points and boxes Simple line diagrams or tables to illustrate each chapter

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