

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

Dennis Raphael



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 *Ethnic Knowledge and Perspectives of Medicinal Plants* Münir Öztürk,Kandikre Ramaiah Sridhar,Maryam Sarwat,Volkan Altay,Francisco Martín Huerta-Martínez,2023-10-20 This new 2 volume set aims to share and preserve ethnic and traditional knowledge of herbal medicine and treatments while also emphasizing the link between biodiversity human nutrition and food security *Ethnic Knowledge and Perspectives of Medicinal Plants* is divided into two volumes with volume 1 focusing on the traditional use of curative properties and treatment strategies of medicinal plants and volume 2 addressing the varied nutritional and dietary benefits of medicinal plants and the practice of Ayurveda Both volumes stress the importance of bioresources for human nutrition and nutraceuticals based on ethnic knowledge and the need for efforts to protect biodiversity in many regions rich with medicinal plants Exploring the benefits of medicinal plants in disease prevention treatment and management Volume 1 discusses the traditional use of medicinal plants as promising therapeutics for cancer liver conditions COVID 19 and other human ailments It examines the efficacy of Ayurvedic and Chinese herbal medicine Indian traditional medicine and other ethnic herbal practices used by indigenous peoples of Azerbaijan South America Turkey India etc A variety of plants are discussed and the ethnomedicinal applications of over 100 wild mushrooms for their medicinal and healthcare purposes are elaborated on While volume 1 focuses primarily on natural plant resources for addressing specific health issues volume 2 looks at traditional medicinal plant use for their nutritional and dietary benefits while also encouraging the preservation of biodiversity for healthy and sustainable diets The volume presents information on over 2200 vascular plant taxa from 127 families as well as many taxa from leaf parts fruits underground parts floral parts seeds and more that have potential use as edible food plants Ethnic knowledge on the wild edible mushrooms is an emerging area which is unique and is dependent on the folk knowledge of tribals this volume discusses the unique nutritional attributes of wild edible mushrooms 206 species belonging to 73 genera in Southern India The authors look at various lichens as nutritional aids and medicine and as flavoring agents and spices Fucoidans derived from the seaweeds and spirulina are described for their antioxidant activity

nutritional and anti aging properties antiviral activities anti cancer properties anti diabetic properties and more The authors also examine how ethnicity affects healthcare nutritive systems at different levels through various dynamics such as lower income inability for services uptake disputes among different ethnic groups cultural attitudes some ethnic group are vegetarian lack of socio economic resources and disease prevalence Together these two important volumes aim to preserve and disseminate the valuable ethnic knowledge of medicinal plants gained over thousands of years and to promote the value of integrating and safeguarding biodiversity 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 **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

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Table of Contents Tackling Health Inequalities Since The Acheson Inquiry

1. Understanding the eBook Tackling Health Inequalities Since The Acheson Inquiry
 - The Rise of Digital Reading Tackling Health Inequalities Since The Acheson Inquiry
 - Advantages of eBooks Over Traditional Books
2. Identifying Tackling Health Inequalities Since The Acheson Inquiry
 - Exploring Different Genres
 - Considering Fiction vs. Non-Fiction
 - Determining Your Reading Goals
3. Choosing the Right eBook Platform
 - Popular eBook Platforms
 - Features to Look for in an Tackling Health Inequalities Since The Acheson Inquiry
 - User-Friendly Interface
4. Exploring eBook Recommendations from Tackling Health Inequalities Since The Acheson Inquiry
 - Personalized Recommendations
 - Tackling Health Inequalities Since The Acheson Inquiry User Reviews and Ratings
 - Tackling Health Inequalities Since The Acheson Inquiry and Bestseller Lists
5. Accessing Tackling Health Inequalities Since The Acheson Inquiry Free and Paid eBooks
 - Tackling Health Inequalities Since The Acheson Inquiry Public Domain eBooks
 - Tackling Health Inequalities Since The Acheson Inquiry eBook Subscription Services
 - Tackling Health Inequalities Since The Acheson Inquiry Budget-Friendly Options

6. Navigating Tackling Health Inequalities Since The Acheson Inquiry eBook Formats
 - ePub, PDF, MOBI, and More
 - Tackling Health Inequalities Since The Acheson Inquiry Compatibility with Devices
 - Tackling Health Inequalities Since The Acheson Inquiry Enhanced eBook Features
7. Enhancing Your Reading Experience
 - Adjustable Fonts and Text Sizes of Tackling Health Inequalities Since The Acheson Inquiry
 - Highlighting and Note-Taking Tackling Health Inequalities Since The Acheson Inquiry
 - Interactive Elements Tackling Health Inequalities Since The Acheson Inquiry
8. Staying Engaged with Tackling Health Inequalities Since The Acheson Inquiry
 - Joining Online Reading Communities
 - Participating in Virtual Book Clubs
 - Following Authors and Publishers Tackling Health Inequalities Since The Acheson Inquiry
9. Balancing eBooks and Physical Books Tackling Health Inequalities Since The Acheson Inquiry
 - Benefits of a Digital Library
 - Creating a Diverse Reading Collection Tackling Health Inequalities Since The Acheson Inquiry
10. Overcoming Reading Challenges
 - Dealing with Digital Eye Strain
 - Minimizing Distractions
 - Managing Screen Time
11. Cultivating a Reading Routine Tackling Health Inequalities Since The Acheson Inquiry
 - Setting Reading Goals Tackling Health Inequalities Since The Acheson Inquiry
 - Carving Out Dedicated Reading Time
12. Sourcing Reliable Information of Tackling Health Inequalities Since The Acheson Inquiry
 - Fact-Checking eBook Content of Tackling Health Inequalities Since The Acheson Inquiry
 - Distinguishing Credible Sources
13. Promoting Lifelong Learning
 - Utilizing eBooks for Skill Development
 - Exploring Educational eBooks
14. Embracing eBook Trends
 - Integration of Multimedia Elements

- Interactive and Gamified eBooks

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