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

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Non-communicable disease.

- Tobacco.
- Alcohol.
- Diet.
- Exercise.
The health gradient

Health state

Social status

- Healthy Lives, Healthy People (2010)
• Very strong policy commitment especially under New Labour to “tackle” and to reduce health inequalities linked to NCDs.
The health gradient

Health state

Social status
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).
In sum

- Highly individualistic epistemology and associated epistemic assumptions.
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- Linear causal thinking.
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- Policy rhetoric pays lip service to the wider determinants.
- Evidence about the wider determinants used to justify interventions then the focus is on individual behaviour.
In sum

- Highly individualistic epistemology and associated epistemic assumptions.
- Linear causal thinking.
- Focus on behaviour and choice.
- The nanny state.
- Policy rhetoric pays lip service to the wider determinants.
- Evidence about the wider determinants used to justify interventions then the focus is on individual behaviour.
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.
How the individualistic epistemology works.

• Shifts responsibility to individuals and away from industry, advertisers and the state.
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- “It’s obvious, it’s about individuals” – the individuated self in the Western psyche and legal systems.
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- “It’s obvious, it’s 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

<table>
<thead>
<tr>
<th>Individual characteristics</th>
<th>Relational characteristic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood pressure</td>
<td>Social class</td>
</tr>
<tr>
<td>Height</td>
<td>Gender</td>
</tr>
<tr>
<td>Personality – Introversion</td>
<td>Social status</td>
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<tr>
<td>– extraversion</td>
<td>Tribe</td>
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<tr>
<td>Morbidity</td>
<td>Caste</td>
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<tr>
<td>Occupation</td>
<td></td>
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<tr>
<td>Sex</td>
<td></td>
</tr>
</tbody>
</table>
The difference between population health and individual health

- Why is Mr Smith, who lives in Glasgow, sick?
The difference between population health and individual health

• 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?
Measurement of social differentiation.

- SES is taken as an aggregation of individual characteristics.
- The idea of class is absent in its dynamic sense.
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.
• 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.
Moving towards dynamic/relational thinking.

• Must move beyond linear causal models of risk.
Moving towards dynamic/relational thinking.

- 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.
Moving towards dynamic/relational thinking.

- 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
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.
Capabilities

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.
The health gradient

Health state

Social status
Conclusion.

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

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