Cambridge Public Health
Improving the health and wellbeing of our societies, together

Why is changing health inequalities so difficult?

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Answer.

- Because academics, policymakers and politicians make it difficult.

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- Too much of the wrong stuff.

Three academic and scientific errors.

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- That the evidence is enough and speaks for itself.

- It hasn’t.

- It hasn’t.
- It isn’t.

- It hasn’t.
- It isn’t.
- Especially if its only part of the story.

Three academic and scientific errors.

- That the evidence is enough and speaks for itself.
- That because health inequalities in rich societies are driven by non-communicable diseases which have a behavioural dimension – smoking, obesity, alcohol consumption, lack of physical activity – changing behaviour is the solution.

- A wealth of literature on health-related behaviour change.

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- However, the best evidence on health-related behaviour change has often been ignored.
- Policy default to simple solutions.
- Although there is a wealth of literature, little of it deals with health inequalities directly.

- KELLY, M.P., ARORA, A., BANERJEE, A., BIRCH, J.M., et al (2023) Review of the contribution of behavioural science to addressing the social and wider determinants of health: Evidence Review, Geneva: World Health Organisation. https://iris.who.int/handle/10665/373964?search-result=true&query=determinants+behavioural&scope=&rpp=10&sort_by=score&order=desc

Three academic and scientific errors.

- That the evidence is enough and speaks for itself.
- That because health inequalities in rich societies are driven by non-communicable diseases which have a behavioural dimension – smoking, obesity, alcohol consumption, lack of physical activity – changing behaviour is the solution.
- That focussing on the wider determinants of health will do the trick.

- A wealth of evidence.

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- Have policy makers made use of it?

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- It has provided helpful rhetoric, but arguably the policy impact at national level has been minimal.

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Policy errors/ political errors.

- That moral outrage over the associations between early deaths and accumulated morbidity are enough to win the argument.
- That focussing on the obvious unfairness is enough.
- Pursuit of policies that have very limited effects or policies which make matters worse.

What might we do, to do better?

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- Finding consilience between the wider determinants approach and health related behaviour change.

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From association to mechanistic causation.

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- The relationship between the biological and the social.

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- Epigenetics.

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- The intermingling of the microbiological, plant, animal and social worlds and beyond.

Where next?

Where next?

- From cause to action.

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- From cause to action.
- “How to.”

Where next?

- From cause to action.
- “How to.”
- Granular level data.

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- Listen to and work with communities.

Where next?

- From cause to action.
- “How to.”
- Granular level data.
- Listen to and work with communities.
- Think health, think prosperity.