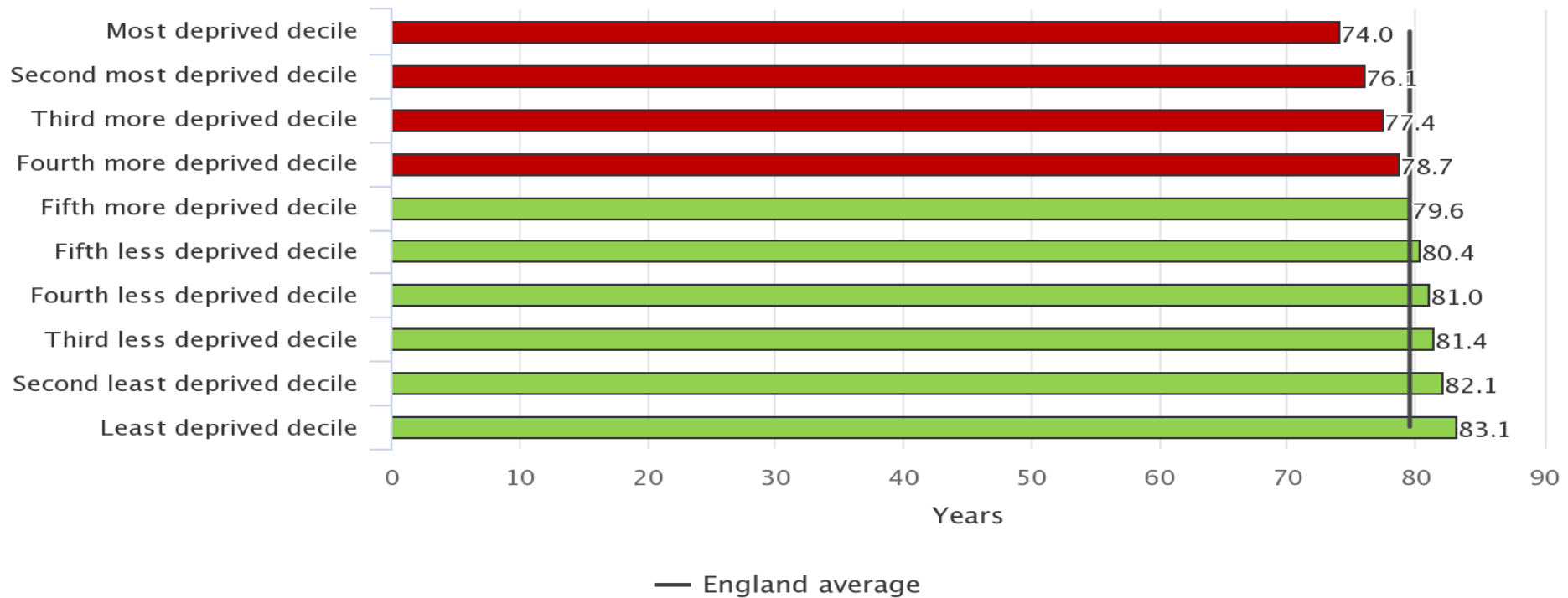


Equality, equality everywhere but inequality prevails.

Professor Mike Kelly
Primary Care Unit, Institute of Public Health,
University of Cambridge

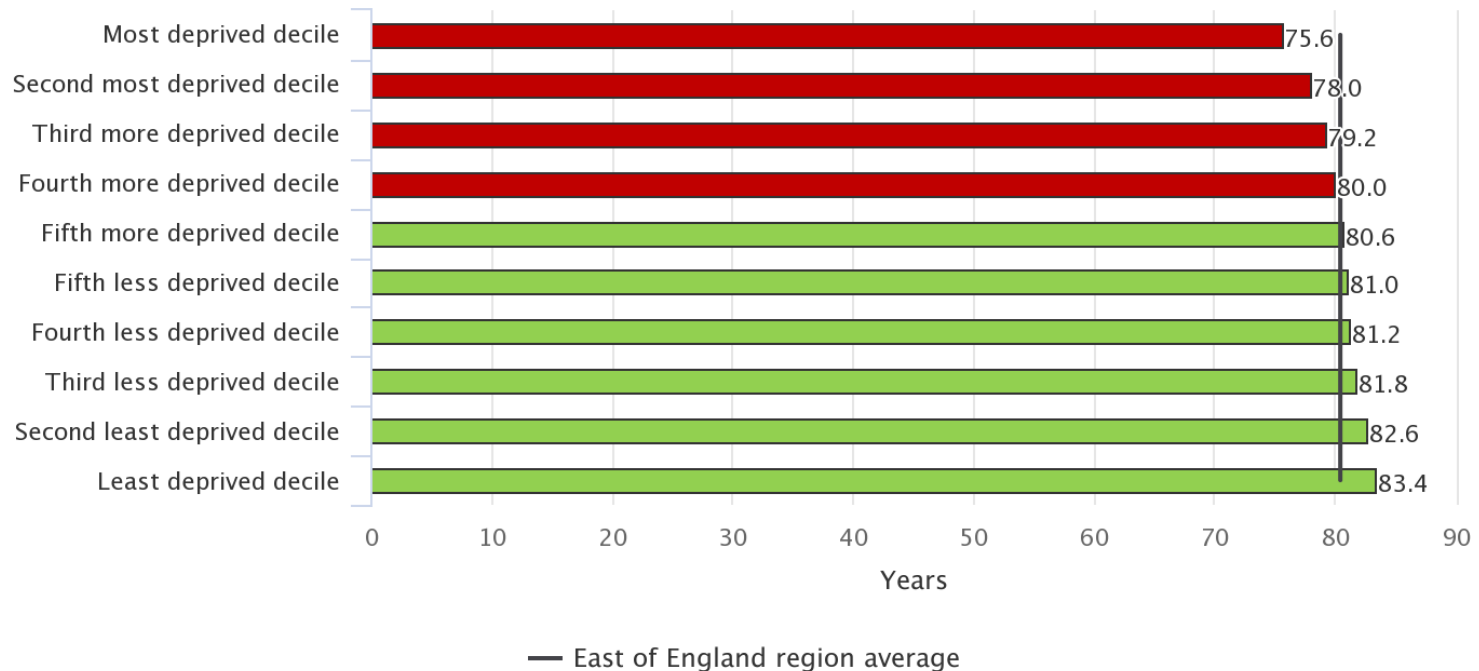
Life expectancy males: England.

Life expectancy at birth (Male) – England, 2013 – 15 – Data partitioned by LSOA11 deprivation deciles within area (IMD2015)



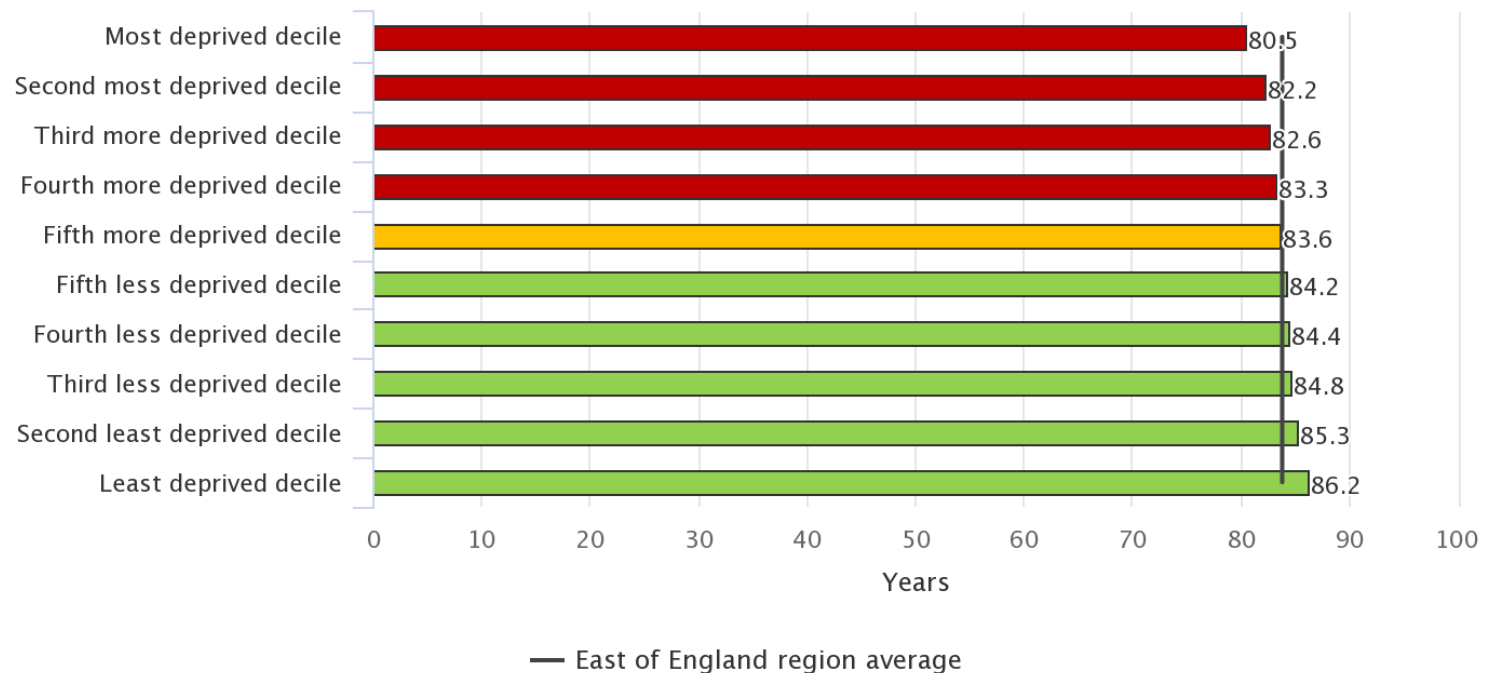
Life expectancy: males East of England.

Life expectancy at birth (Male) – East of England region, 2013 – 15 – Data partitioned by LSOA11 deprivation deciles within area (IMD2015)



Life expectancy females: East of England.

Life expectancy at birth (Female) - East of England region, 2013 - 15 - Data partitioned by LSOA11 deprivation deciles within area (IMD2015)



Repeated Policy attempts to change things.

- *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)

These policies have a number of characteristics.

- Focus on risks to health from tobacco, alcohol, obesity, lack of exercise.
- Talk about the importance of getting the right messages out to the population.
- Much emphasis on behaviour change.

Rethinking the question.

- Health inequalities have a recurrent historical dimension – what do the historical data and evidence tell us about the patterning of health inequalities?

- Health inequalities have a biological dimension - developmental programming, epigenetics and metabolomics – what do these data tell us about how to do interventions?

The dominance of the proximal risk factor approach to aetiology.

The dominance of the proximal risk factor approach to aetiology.

- Focus on behaviour change.

The dominance of the proximal risk factor approach to aetiology.

- Focus on behaviour change.
- Focus on some of the wider determinants - but not historical or biological ones!

The dominance of the proximal risk factor approach to aetiology.

- Focus on behaviour change.
- Focus on some of the wider determinants - but not historical or biological ones!
- Little attention to the mechanisms of prevention.

Mechanisms of prevention/ implementation.

Mechanisms of prevention/ implementation.

- Delivery.

Mechanisms of prevention/ implementation.

- Delivery.
- Delivery sub-optimally.

Mechanisms of prevention/ implementation.

- Delivery.
- Delivery sub-optimally.
- Delivery, accessibility, use by different sections of the population.

- Costs and opportunity costs of delivery done sub-optimally.
- Costs and opportunity costs of doing things optimally?

A relational and dynamic approach.

- Individuals and populations interact differentially to interventions and these interventions are also implemented differentially.

- The WWWW test.

A relational and dynamic approach.

- Individuals and populations interact differentially to interventions and these interventions are also implemented differentially.
- Will it work on a wet Wednesday in Wigan?

Conclusion.

- The ways in which interventions work in different segments of the population not well understood and should be an urgent priority.

Conclusion.

- The ways in which interventions work in different segments of the population not well understood and should be an urgent priority.
- Still a much greater focus on cause than on prevention in policy and the assumption that if you know the former you will be able to do the latter.

Conclusion.

- The ways in which interventions work in different segments of the population not well understood and should be an urgent priority.
- Still a much greater focus on cause than on prevention in policy and the assumption that if you know the former you will be able to do the latter.
- But cause is the necessary but not sufficient condition - it tells you what to do but not how to do it!

References

- Kelly, M.P., Heath, I., Howick, J., Greenhalgh, T . (2015) The importance of values in evidence-based medicine, BMC Medical Ethics; BMC Medical Ethics.2015, 16:69. DOI: 10.1186/s12910-015-0063-3 URL: <http://www.biomedcentral.com/1472-6939/16/69>
- Kelly, M.P. & Barker, M. (2016) Why is changing health related behaviour so difficult? Public Health, 136: 109-116 <http://dx.doi.org/10.1016/j.puhe.2016.03.030>
- Kelly, M.P. & Moore, T.A. (2012) The judgement process in Evidence Based Medicine and Health Technology Assessment. Social Theory and Health, 10:1-19. doi:10.1057/sth.2011.21 <http://www.palgrave-journals.com/sth/journal/v10/n1/full/sth201121a.html>
- Kelly, M.P. & Russo, F. (2017) Causal narratives in public health: the difference between mechanisms of aetiology and mechanisms of prevention in non-communicable diseases, Sociology of Health Illness.