Equality, equality everywhere but inequality prevails.

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Life expectancy males: England.


- Most deprived decile: 74.0 years
- Second most deprived decile: 76.1 years
- Third more deprived decile: 77.4 years
- Fourth more deprived decile: 78.7 years
- Fifth more deprived decile: 79.6 years
- Fifth less deprived decile: 80.4 years
- Fourth less deprived decile: 81.0 years
- Third less deprived decile: 81.4 years
- Second least deprived decile: 82.1 years
- Least deprived decile: 83.1 years

England average

![Graph showing life expectancy at birth (Male) - East of England region, 2013 - 15 - Data partitioned by LSOA11 deprivation deciles within area (IMD2015). The graph compares the life expectancy between different deprivation deciles, with the least deprived decile having the highest average life expectancy at 83.4 years, and the most deprived decile having the lowest at 75.6 years. The average life expectancy for the East of England region is 81.0 years.]
Repeated Policy attempts to change things.

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.
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- 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 WWWWWW 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.
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• 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


