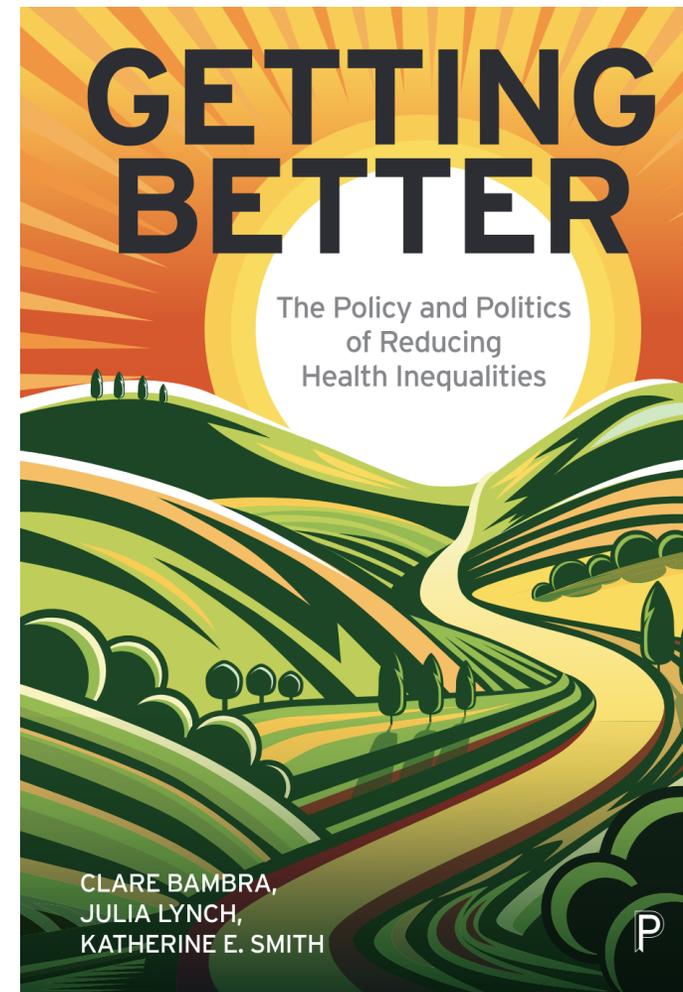


Getting Better:

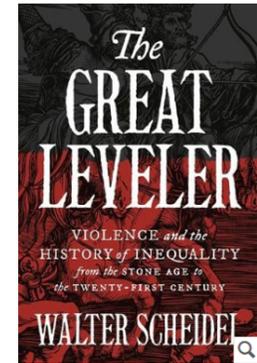
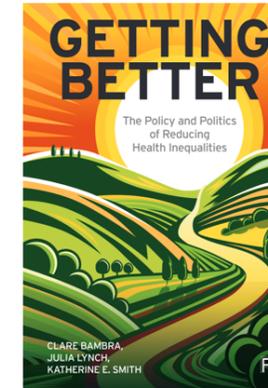
The Policy and Politics of Reducing health inequalities

Clare Bamba
Professor of Public Health
Newcastle University



Why did we write this book?

- **Most health inequalities research findings are negative**
 - Health inequalities are “wicked problems”
 - Governments often fail even when they try to reduce HI
 - Evidence base for what to do is often characterized as “weak”
 - Contributes to political paralysis
- **But there are reasons for (tempered) optimism**
 - Evidence base is broader than systematic reviews often suggest
 - Multiple governments have reduced health inequalities, at least temporarily
 - Sharing positive examples can support policy-political confidence in taking action



Scandinavian Journal of Public Health, 2022; 50: 908–913

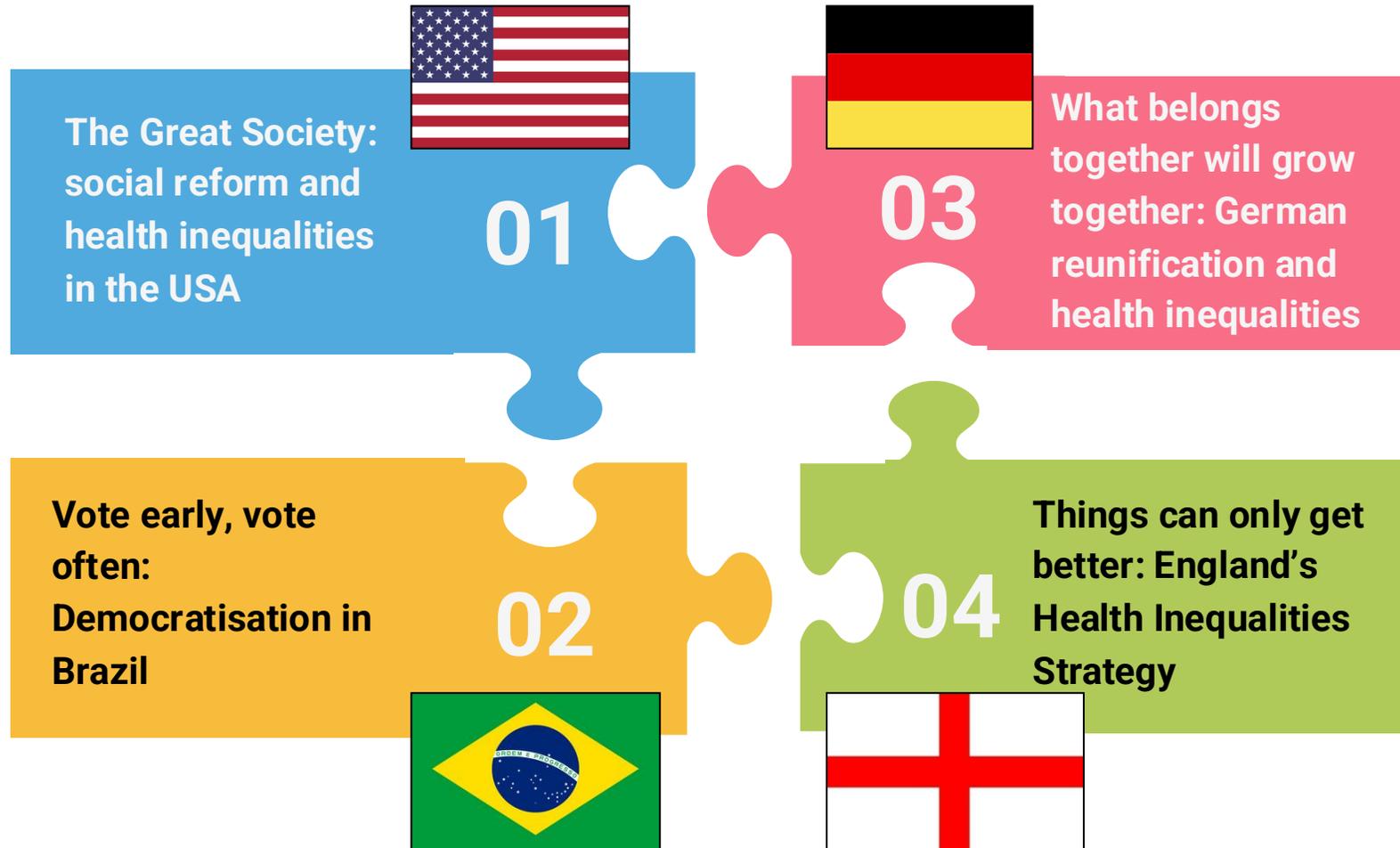
SCAND J PUBLIC HEALTH 50TH ANNIVERSARY ISSUE

Levelling up: Global examples of reducing health inequalities

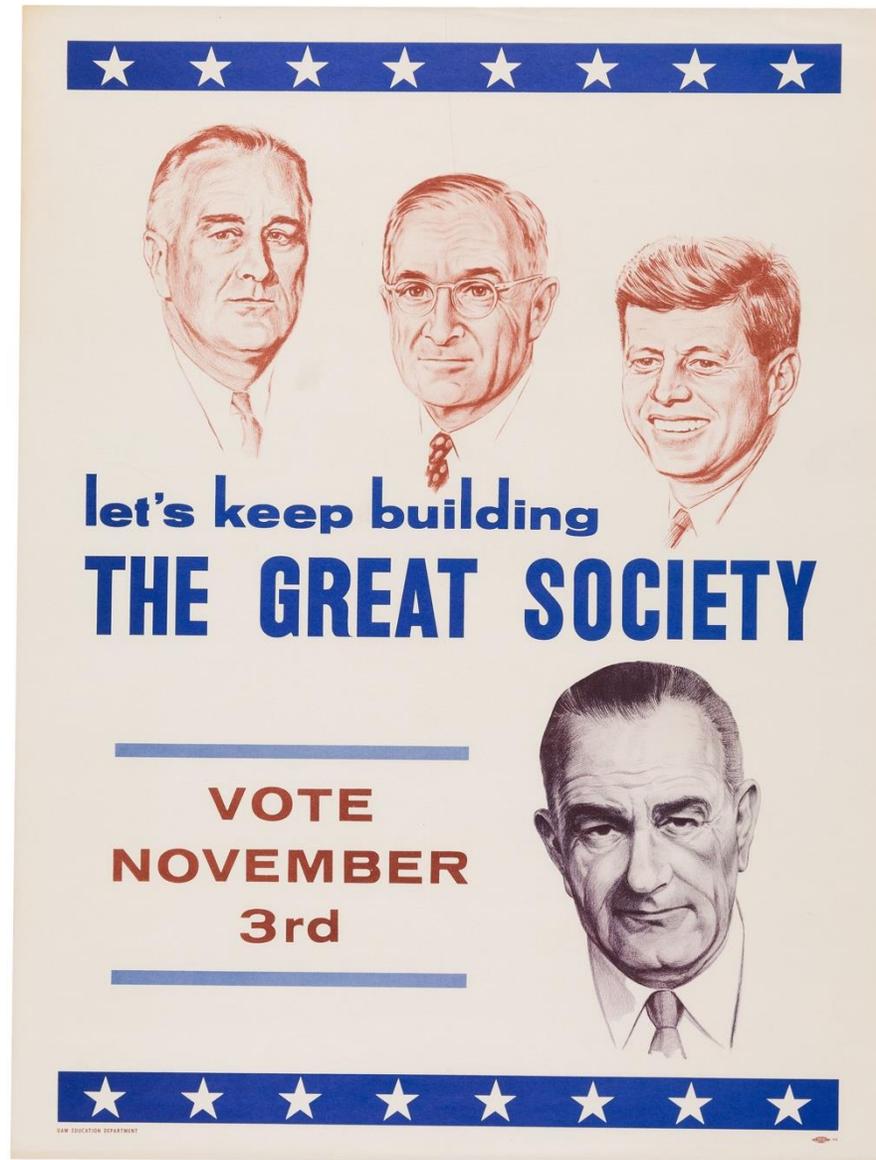
CLARE BAMBRA 



Case Studies of Governments Reducing Health Inequalities



The Great Society: social reform in 1960s USA



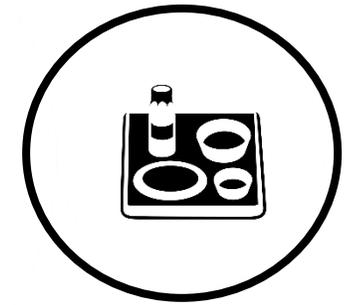
Imaged by Heritage Auctions, HA.com



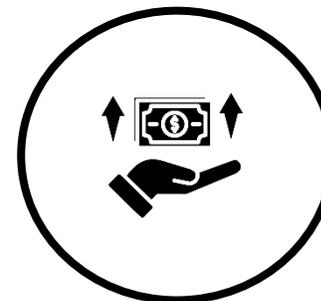
Civil rights & voting reform



Anti-poverty programmes



Free school meals



Minimum wage expansion + increase

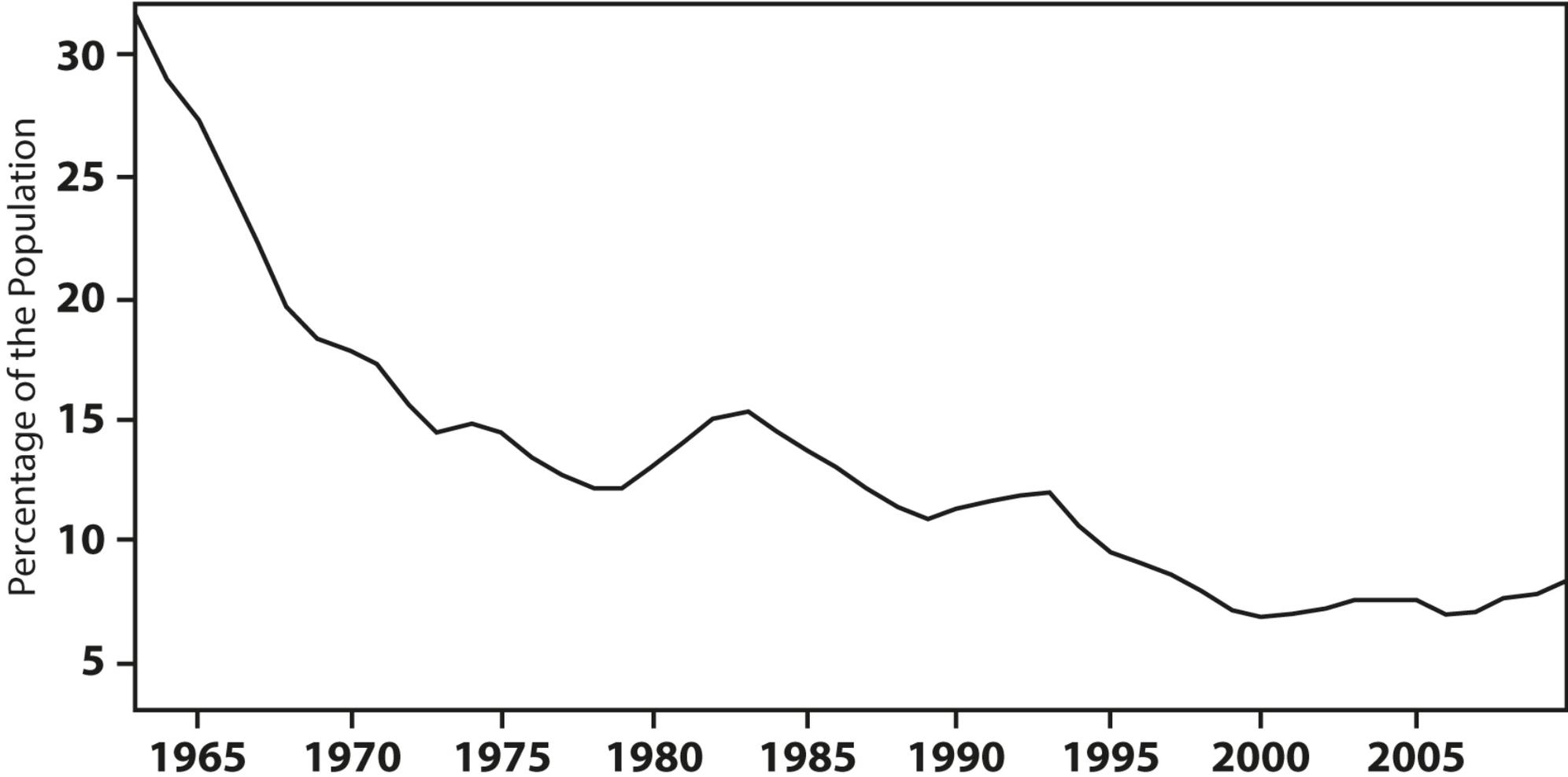


Head Start + Education improvement

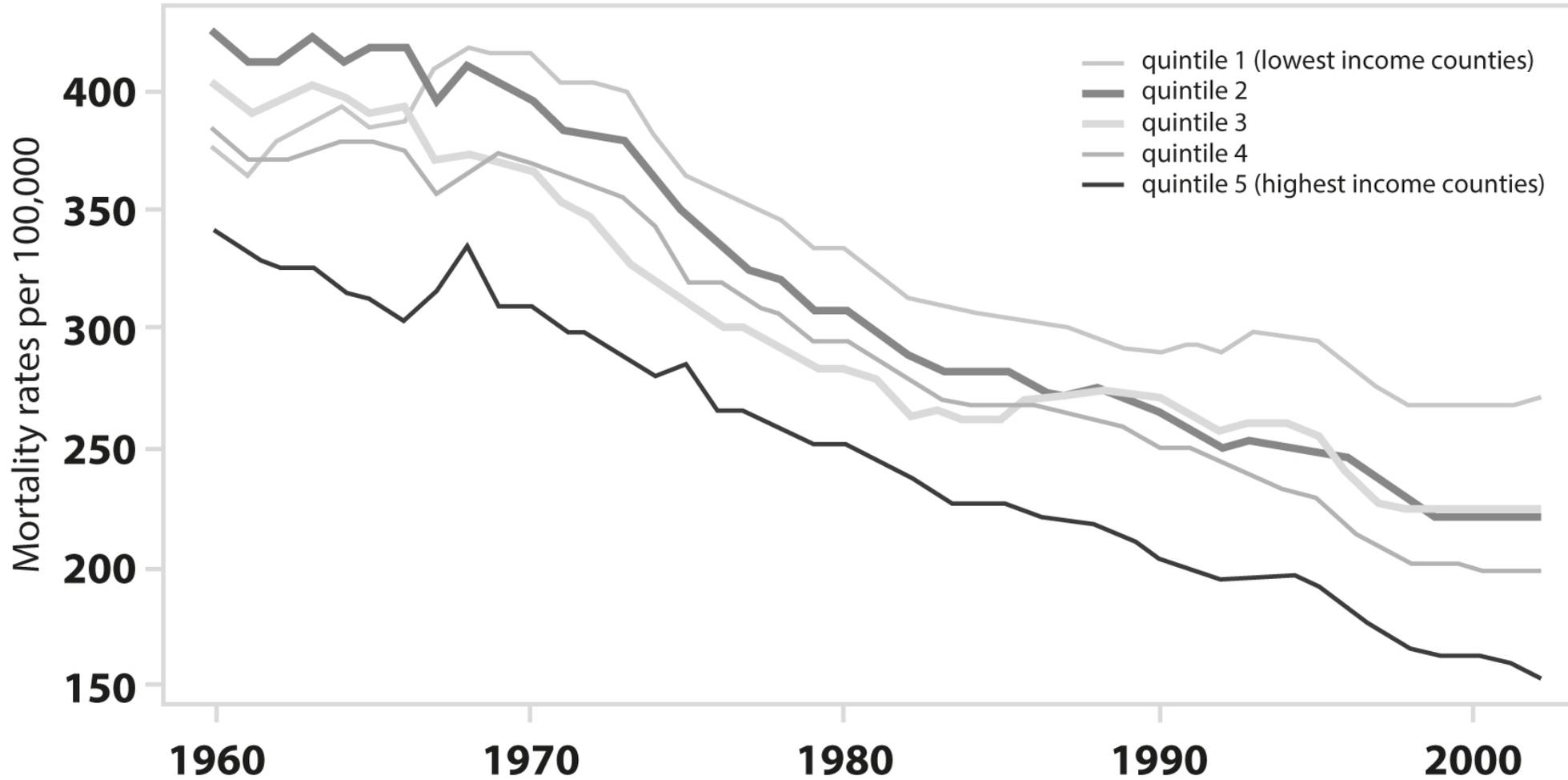


Medicaid + community health centres

Poverty rates in the USA



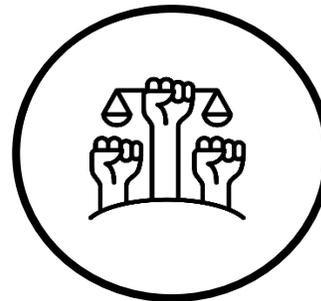
Premature mortality rates (deaths under age 65), United States, 1960–2002, by county median family income quintile



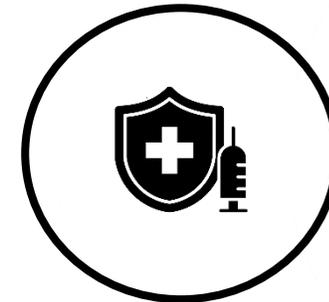


Luiz Inácio Lula da Silva

Democratisation: 1980s Brazil



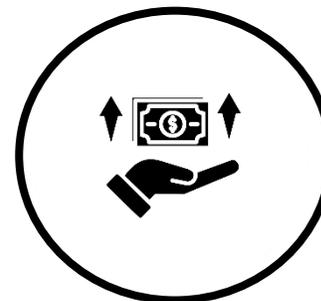
Multi-level
democratic
reforms



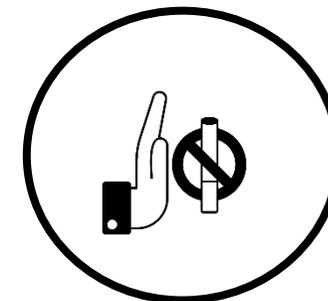
Public &
community health
programmes linked
to...



Anti-poverty +
family
programmes



Minimum wage
expansion +
increase

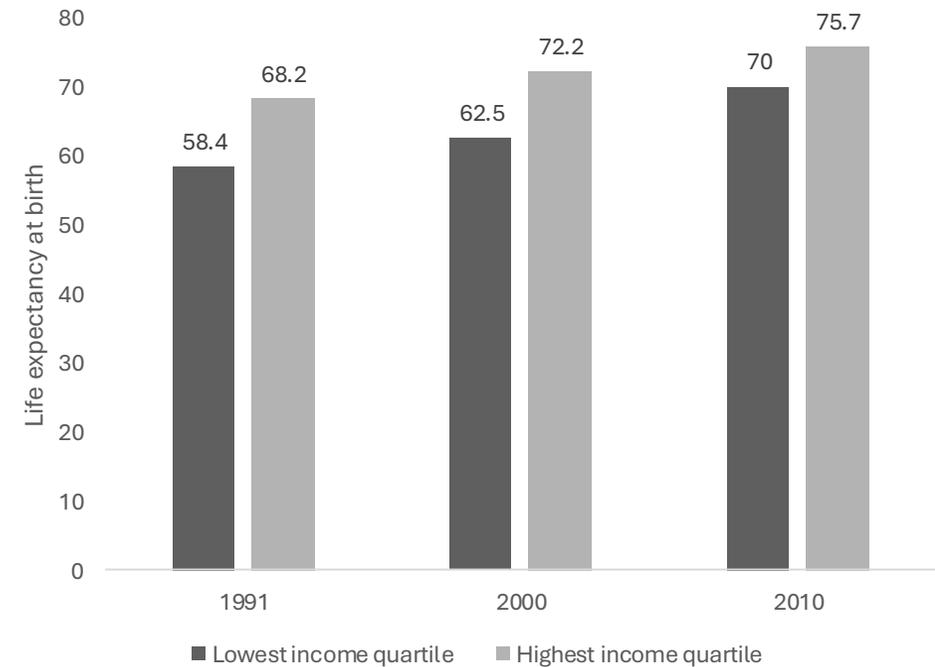
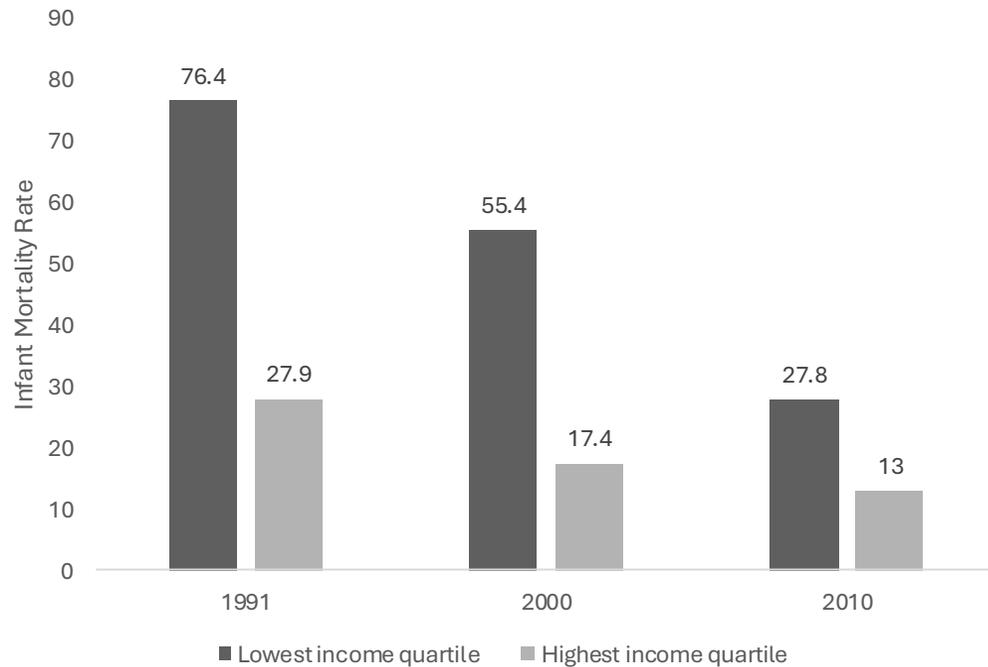


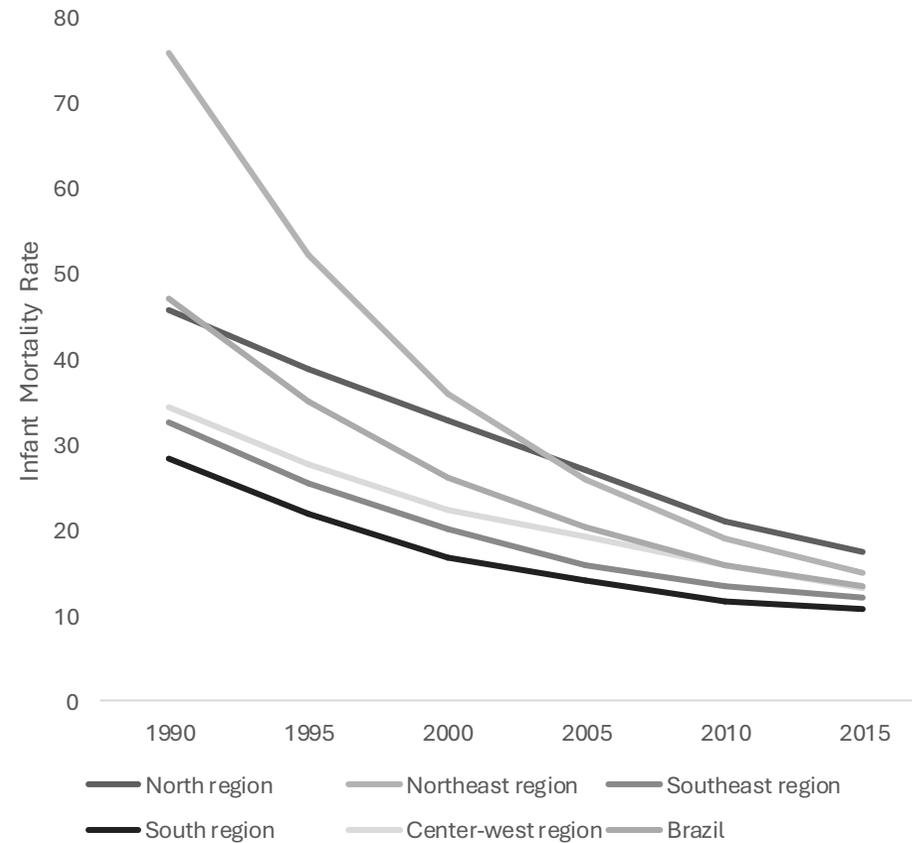
Tackling commercial
determinants, esp
tobacco



Major
healthcare
expansion

Infant mortality rate (per 1000 live births)/Life Expectancy at birth across the municipalities of Brazil, by income quartile, 1991 to 2010



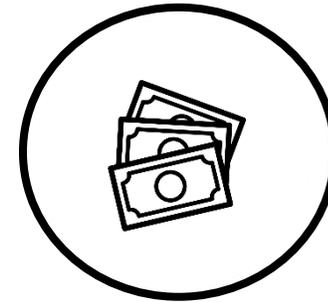




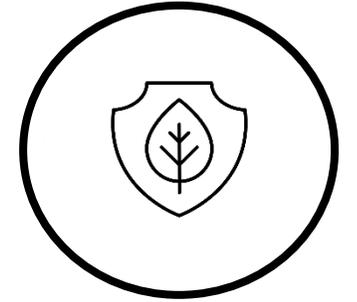
What belongs together will grow together: German reunification 1990s



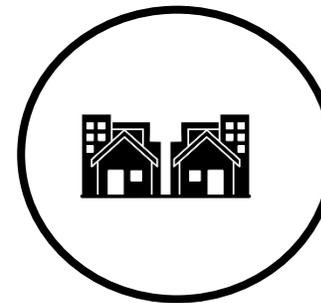
Expansion of democracy



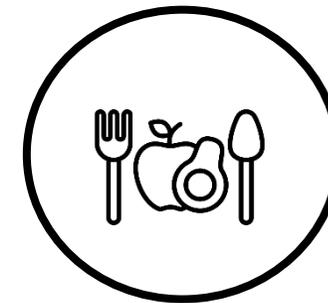
Financial transfers (currency equivalence)



Extension of environmental regulations



Housing improvements in East Germany

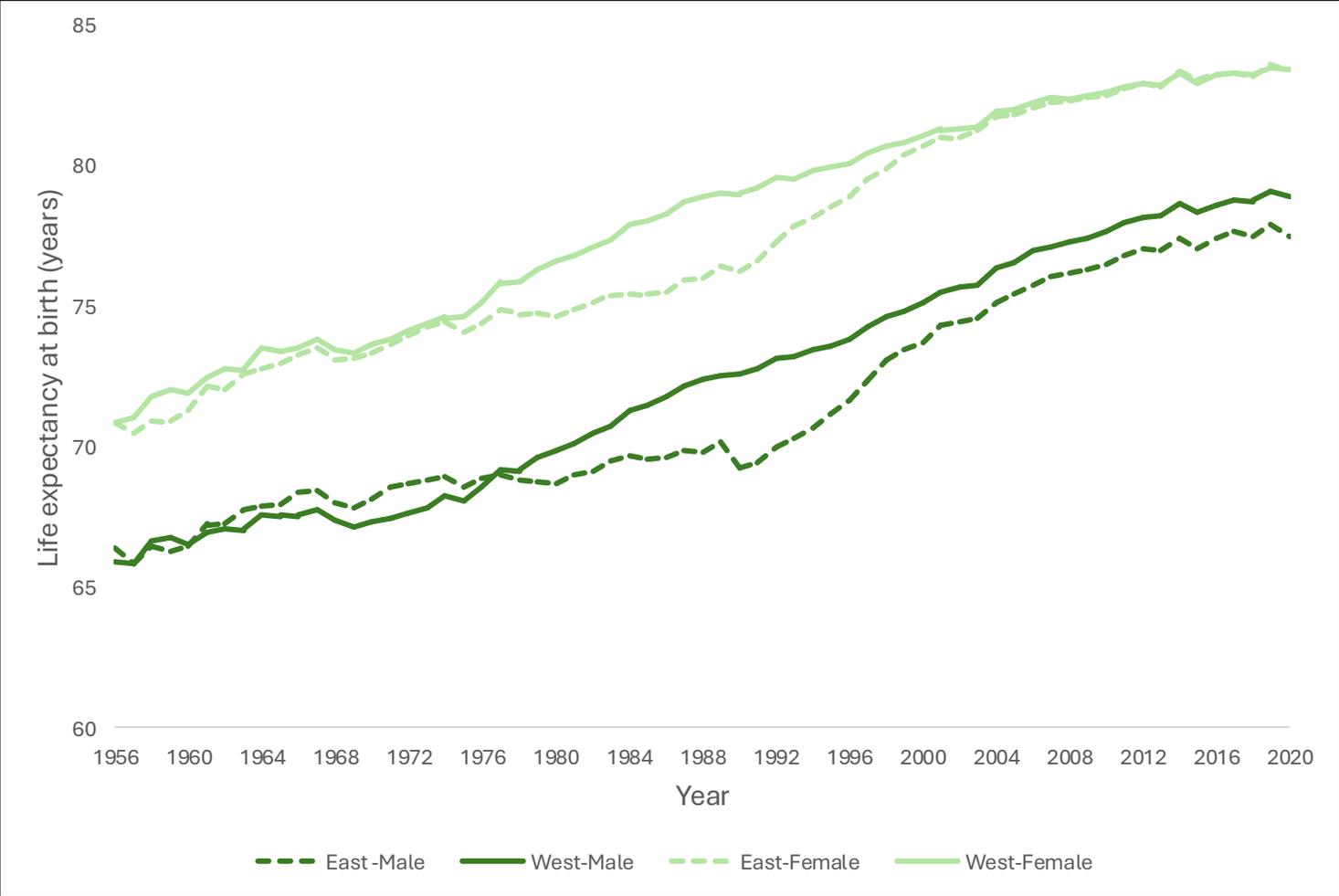


Better diets in East Germany



Healthcare modernisation in East Germany

Life expectancy for men and women in East and West Germany, 1956 to 2020



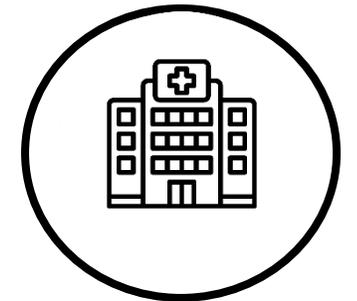
Things can only get better: England's Health Inequalities Strategy, 2000s



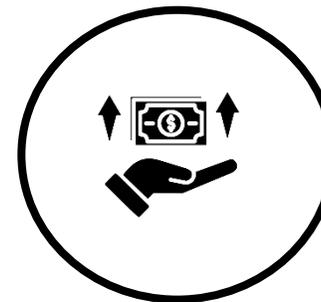
Investment in
poorer areas



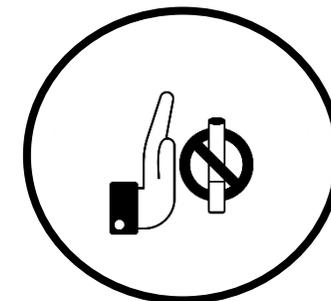
Sure Start +
early years
investment



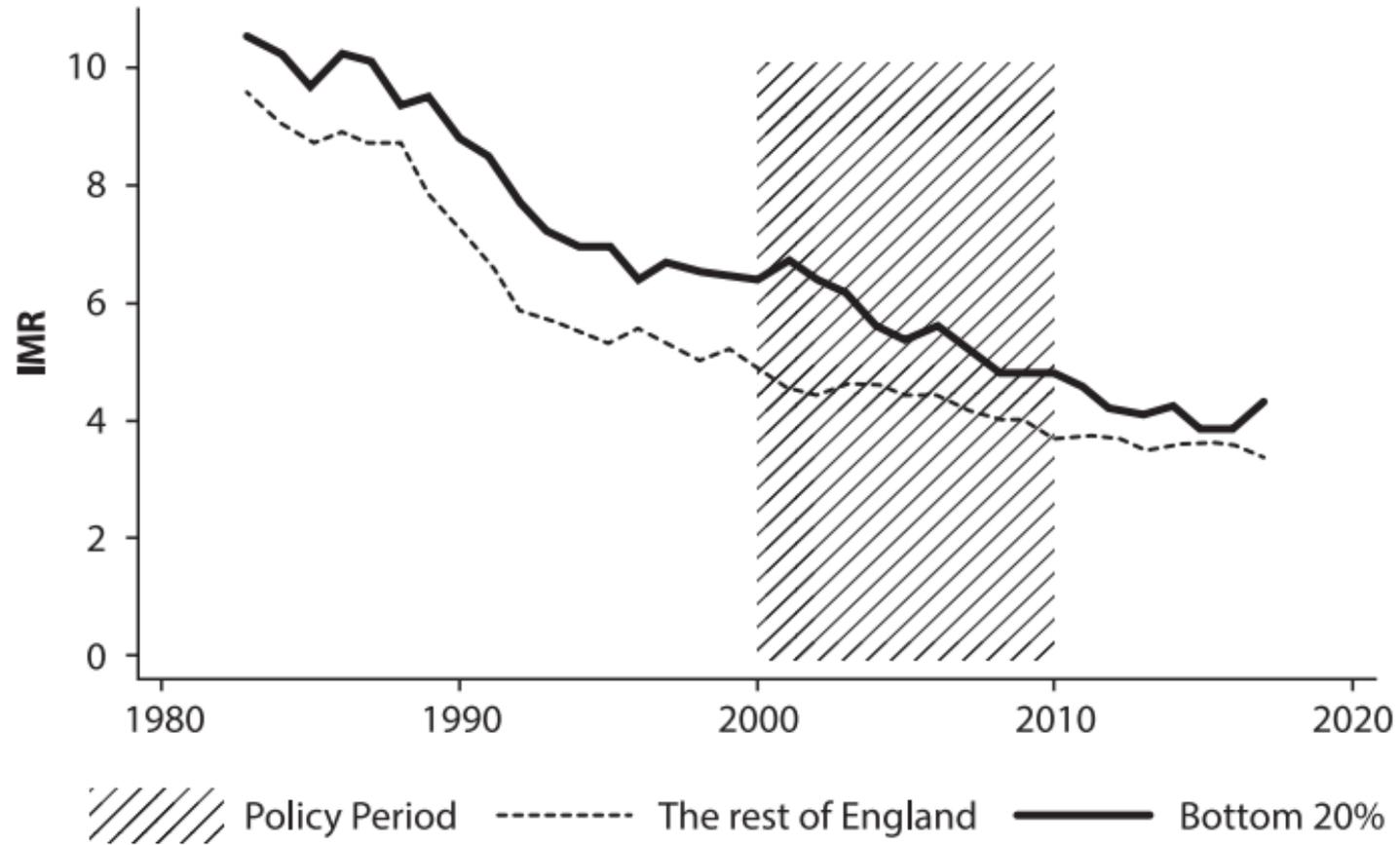
Investment in
NHS (primary +
secondary)



Minimum wage
expansion +
increase



Tobacco control inc.
targeted smoking
cessation

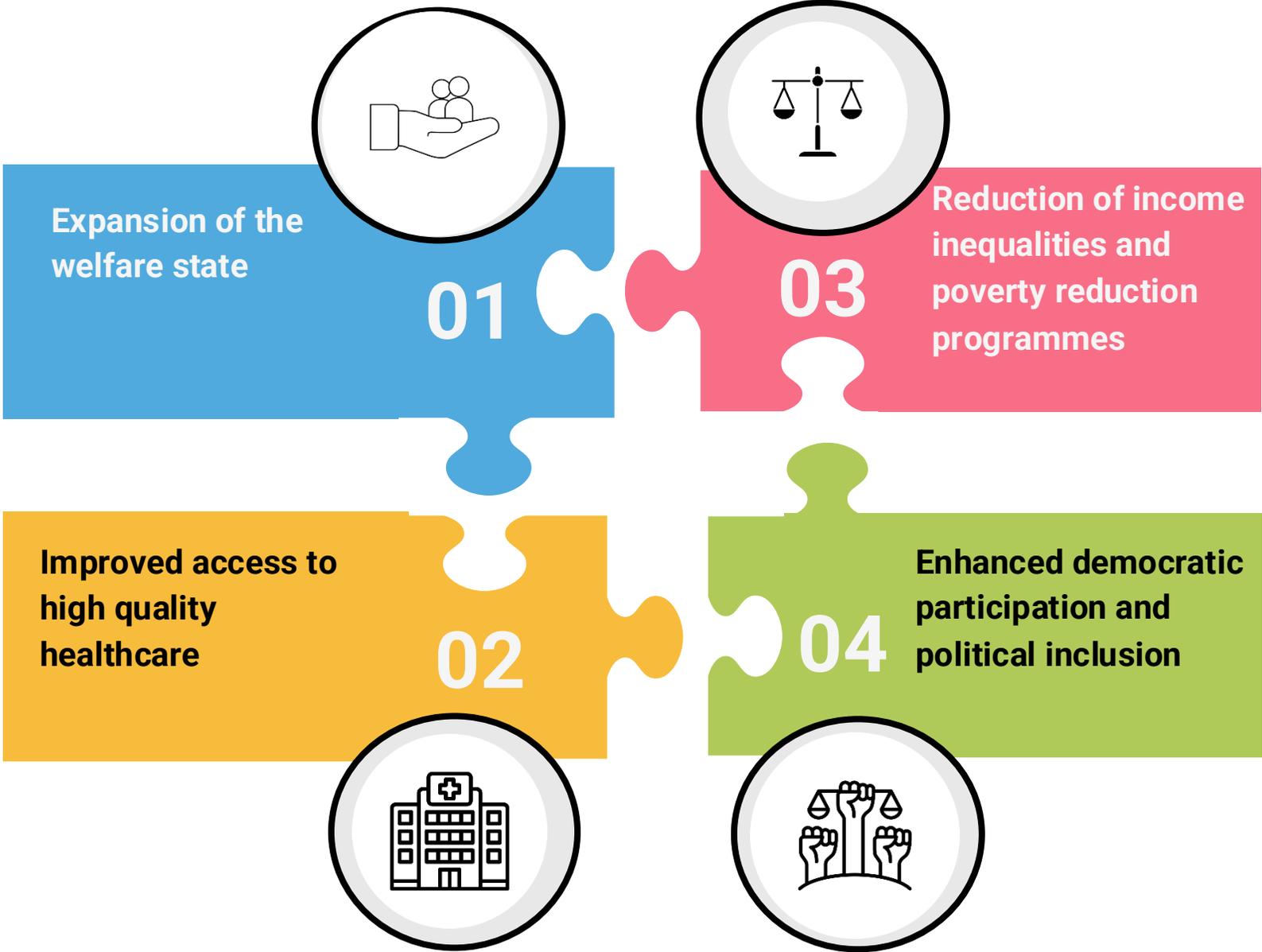


Inequalities in infant mortality rates by English local authority 1983-2017

Discussion – what reduces health inequalities?

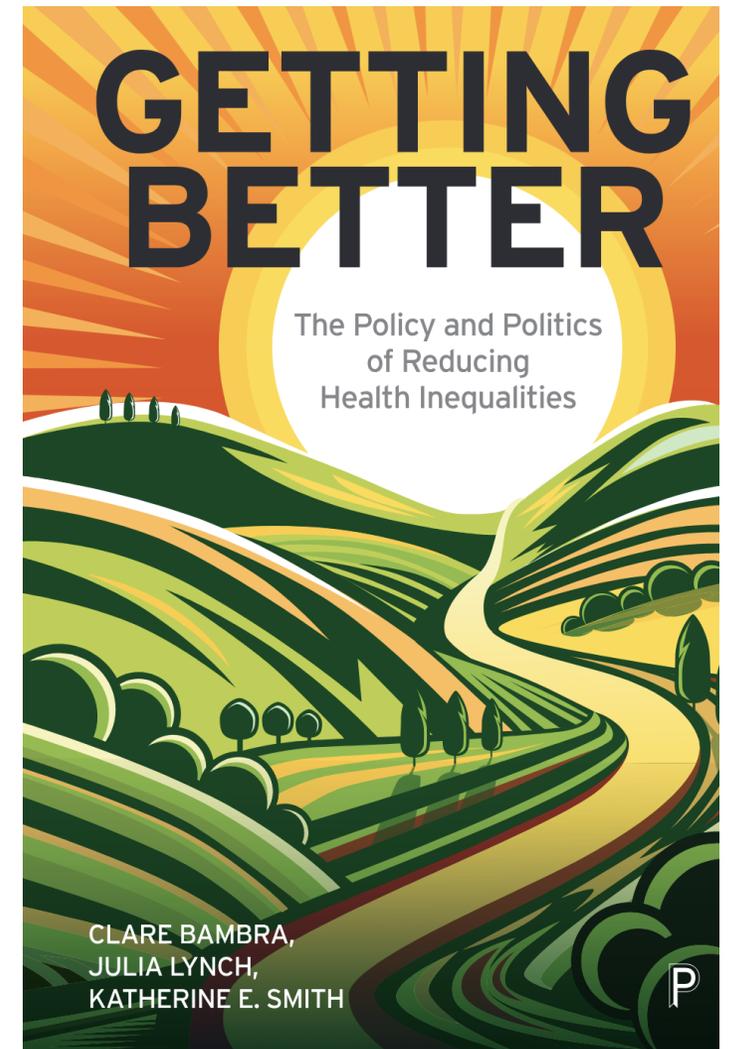
Policy change	Brazil	England	Germany	USA
1. Expanded healthcare access	✓	✓	✓	✓ (limited impact on health equity)
2. Expanded social welfare	✓	✓	✓	✓
3. Improved housing	✓ (limited)	✓ (limited)	✓	✓ (limited)
4. Reduced income inequalities	✓	✓ (limited)	✓	✓
5. Increased political enfranchisement	✓	✓ (very limited)	✓	✓
6. Policies to tackle key commercial determinants of health	✓	Mixed (yes for tobacco; no for alcohol)	✗	✓ (little impact on health equity)
7. Improvements in environmental health	✓ (limited)	✓ (limited)	✓	✓ (little impact on health equity)
8. Improvements in workplace safety	✓ (limited)	✓ (mixed)	✓	✗

From 4 Case Studies to 4 Great Levellers



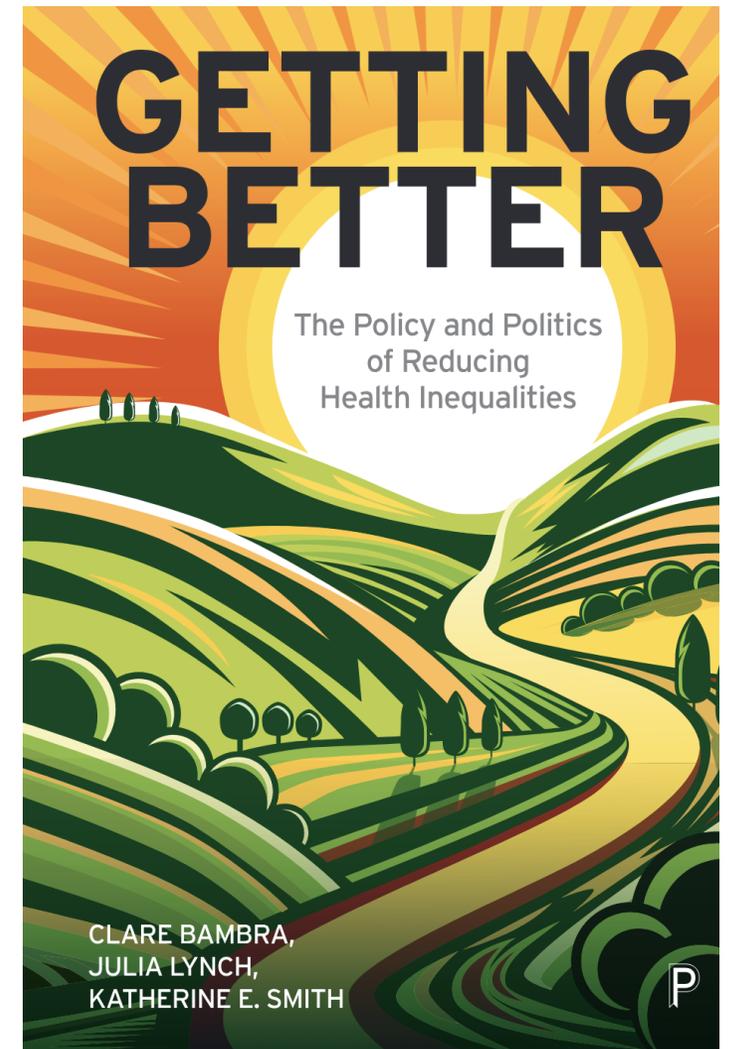
Concluding reflections

- It is demonstrably possible to reduce health inequalities
- However, achieving reductions requires a package of policy measures (and there is no single ‘magic mix’)
- The four great levellers are:
 1. Expanded welfare state
 2. Improved healthcare access
 3. Reductions in income inequality &
 4. Democratisation.
- Other policy levers can help (but are unlikely to substitute for) the ‘big 4’.
- This method provides different (complementary) insights to more traditional public health approaches to evidence synthesis but has its own limitations (limited successful policy examples does not mean lever is unimportant – e.g. housing, land ownership and wealth).



Progress waxes and wanes

- Waxing is typically triggered by:
 - Broad-based social movements
 - Ambitious leaders/parties with a clear redistributive mandate
 - A popular mood of hope.
- Waning sets in when:
 - Structural poverty and/or discrimination persists
 - Inequality-justifying ideologies spread
 - Social divisions harden—often exploited by far-right populism.
- Democracy is both a leveller and a liability when it erodes.



Six actions for researchers, practitioners and advocates...

**1. Build broad
coalitions
around social
determinants**

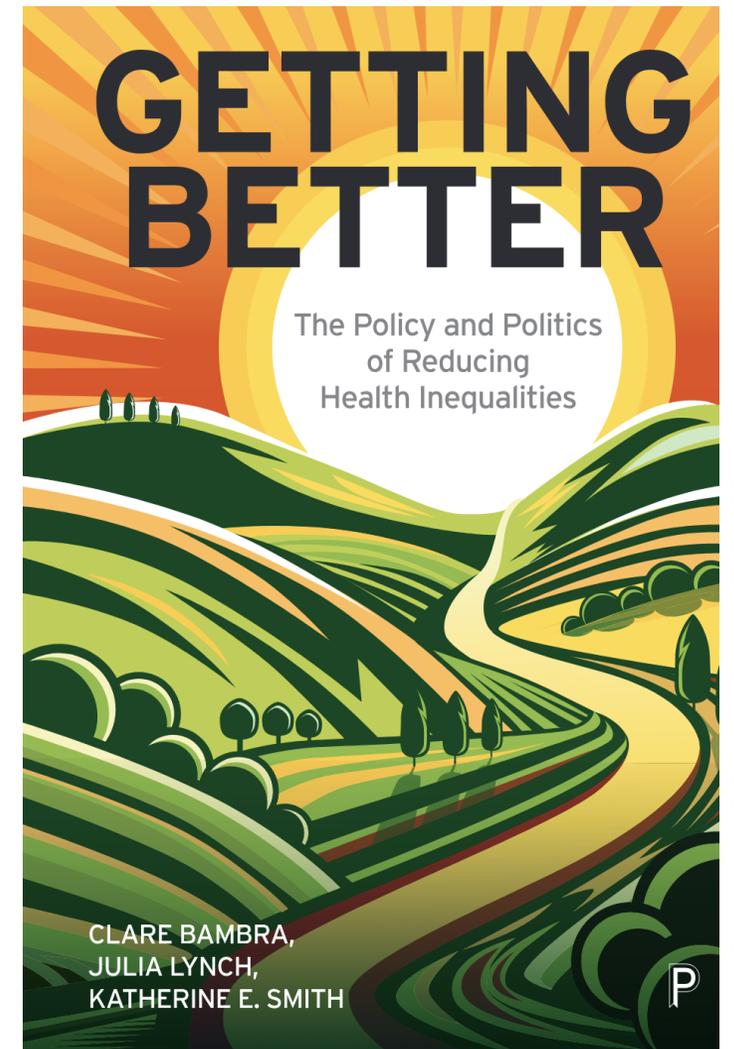
**2. Publicise that
reducing health
inequalities is
achievable**

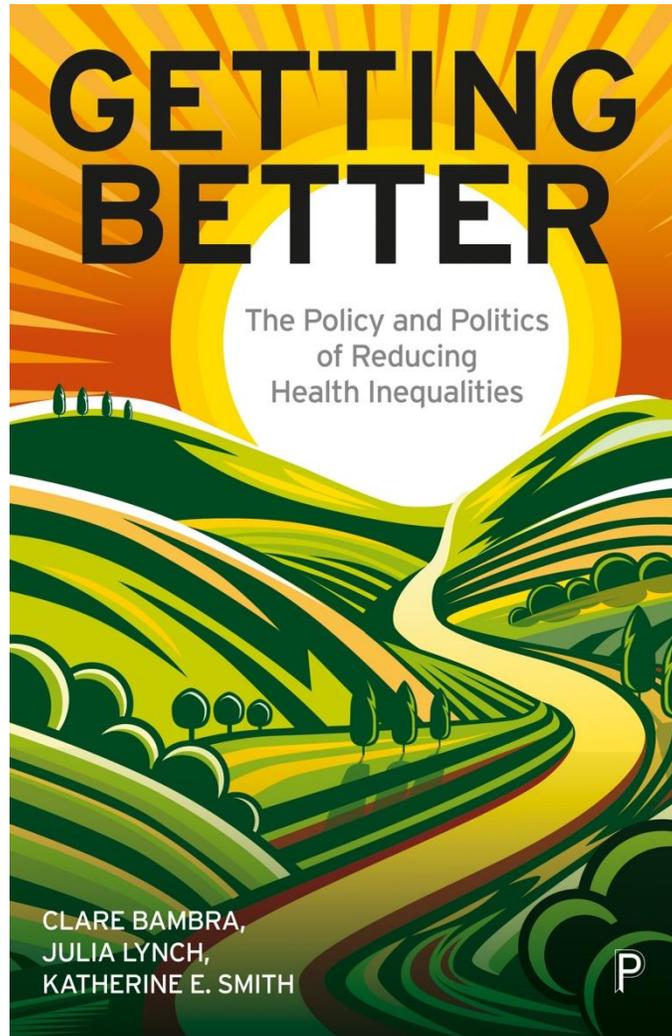
**3. Lock-in gains
legally or
constitutionally
where possible**

**4. Engage and,
when necessary,
challenge mass-
and social-media
narratives**

**5. Plan rigorously
for implementation
to avoid policy
failure**

**6. Listen to, and work
with, communities—
because political will
rests on how people
feel, not just on
evidence**





Getting Better: *The Policy and Politics of Reducing Health Inequalities*

by Clare Bambra, Julia Lynch
and Katherine E. Smith

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