Q&A

Q. What shaped your early life and brought you to study social inequality?

A. I suppose I was predisposed to take inequality seriously by the fact that my mother was a Quaker and I was sent to a Quaker school. However, also important were the years of unskilled manual work I did before going to university. They gave me a better understanding of the issues in practice. Doing economic history at LSE gave me some of the historical background to how class and inequality issues changed over time.

Q. Were your surprised by what you found to be the dominant social determinants of health?

A. The role of income differences did not come as a sudden eureka moment. I worked on how and whether they might matter for some time. And when I became confident that the statistical data suggested that death rates were responsive to changes in income and that more equal societies were healthier, there was still a lot of work and thinking to be done to understand why and identify what the causal pathways were. At the start I thought only of material factors: there was then little evidence that psychosocial factors mattered. On this and other things I had to change my mind in response to growing evidence.

Q. What are your perspectives on a) the need to support, without fear or favour, the research which underpins good health b) how to convince governments and people, be they left or right of the political divide, that psycho-social factors are important influencers in population health

A. I also studied the philosophy of science at LSE with Sir Karl Popper and was greatly helped by that understanding of how research and science developed. It was an intellectual background that strengthened my confidence and understanding of the role of theory and evidence.
To influence governments it is obviously not enough to publish papers in academic journals. You have also to get the evidence into the public arena. But evidence only takes you so far. To make the major changes that are needed will take large social movements pushing governments to take action. The science helps build that movement, particularly if you can make people intuitively aware of the processes behind the statistical relationships, but many more components are needed to build a movement.

Q. As a health and medical research focused society, what are the messages we should promote to improve the negative impacts of inequality? I believe you have said, “friendship” seems highly protective of health, and things to do with low social status are very damaging”. Are there simple strategies we as a country can implement to help level the playing field?.

A. Messages: I think these need to be focused on the population as a whole - we should not assume politicians will take radical action in the light of evidence unless there is a widespread popular demand for it. The messages probably

need to be fairly basic: that bigger income differences are divisive and make the grip of social class and status differences more powerful. We should also be making it clear that this is not just about being nice to the poor: it is about a better quality of life for the vast majority.

Q. What are the key social policies that reduce social inequality, using Japan, Sweden, and Finland as an example?

A. On policies, almost anything which adds to redistribution of income or wealth or which decreases differences in market incomes before tax is beneficial. Closing down tax havens is an obvious first step, but there is no shortage of possible policies, only of political will. The major changes in income distribution in the past have been driven by politics. In the long term, I think that we need to develop all forms of economic democracy - employee representation, employee ownership and employee cooperatives - as the most fundamental way of embedding greater equality more fully into our societies.

Q. From these more socially equal countries are there any unique health and medical research strategies/policies that differ from other less equal countries like the US, UK and Australia/NZ?

A. I don't think the key issue is finding the right "health and medical research strategies". Key is the balance of political power, the power of the social democratic and labour movements and the eclipse of ideologies other than free market fundamentalism. The role of public health policy research is to show how factors in this arena influence a wide range of health outcomes; that is why public health research and health promotion has so often come into conflict with governments.

Q. Are there countries that have/had significant wealth inequality that have gone someway to levelling social and health inequity?

A. Most developed countries reduced their income and wealth differences radically between 1930 and 1980. Japan made particularly dramatic advances from the end of the 2nd WW until the late 1980s. Since around 1980 the balance of power has reversed.

Q. What do you see as the main benefit of a healthy population to any country?

A. The benefit of a healthier population is primarily to the people themselves. But greater equality is a crucial determinant not only of health but of many other aspects of the quality of life - including community life, trust, violence, child wellbeing, mental health etc.. It is now also clear that more equal countries perform better economically, and that greater equality is crucial to achieving environmental sustainability and higher levels of wellbeing.

We set up The Equality Trust to get the evidence of the damaging effects of inequality better known. It campaigns primarily through education but also by trying to involve people in the democratic process.