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What should we think about widening relative inequalities in health?

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Johan Mackenbach suggests that we are obsessed with relative inequalities and questions whether, as such, we are missing a trick.[1] European countries have failed to reduce relative inequalities in mortality over the past decade but some countries have reduced absolute inequalities. So should we switch our focus from relative to absolute inequalities?

The argument over relative and absolute inequalities is somewhat simplistic and comes from our desire to reduce a distribution of values (such as mortality rates in various categories representing levels of socioeconomic position) into a single number. We want to reduce inequalities, however they are measured, because we see these as unjust and unfair. If it is possible to reduce mortality by x% among an advantaged population then the inability to reduce mortality by at least this amount in a disadvantaged population – despite this being the focus of our greatest efforts – must be seen as a failure.

In general the suggestion is that those interventions at the higher level (such as policies) stand the best chance of reducing inequalities.[2] And there is some evidence as to what works, for example in terms of public health policies.[3] But the biggest reductions in health inequalities may be gained through policy intervention outside the health sector: structural interventions such as those that increase welfare payments or create jobs in poorer areas, for example.[4] Although many governments have shown a desire to reduce inequalities with a range of country-specific actions being implemented, many of the policies for which there is evidence will be seen as being politically unacceptable. Moreover, policies are often implemented in a way that makes meaningful evaluation impossible; a UK House of Commons Select Committee report criticised an over-emphasis on 'softer' process evaluation and the rollout of policies with a lack of planning or foresight in terms of subsequent evaluation.[5]

It may be difficult to reduce relative inequalities but it is not impossible. The failure of policy action to reduce relative inequalities in health reflects in part a reluctance of governments to implement what works and in part a lack of evidence as to what does work through ill-considered implementation. As researchers we should press for and assist with changes on both fronts. And when policies succeed in reducing absolute inequalities we should acknowledge this as a partial success, but must not take our eyes off the goal of a reduction in relative inequalities.

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References

[1] Mackenbach JP. Re-thinking health inequalities. *European Journal of Public Health*, this issue.

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[2] Macintyre S. Inequalities in health in Scotland: what are they and what can we do about them? Glasgow: MRC Social and Public Health Sciences Unit; 2007.

[3] Thomson K, Hillier-Brown F, Todd A, McNamara C, Huijts T, Bambra C. The effects of public health policies on health inequalities in high-income countries: an umbrella review. *BMC Public Health* 2018; **18**:869.

[4] McAuley A, Denny C, Taulbut M, Mitchell R, Fischbacher C, Graham B et al. Informing investment to reduce inequalities: a modelling approach. *PLoS ONE* 2016; **11**:e0159256.

[5] House of Commons Health Committee. Health Inequalities. Third Report of Session 2008-09. London: The Stationery Office Limited; 2009.