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Send response to journal: Re: Personal trainers, shifting goalposts, and widening health inequalities

Labour's "Black report" moment?

The release of the government's latest report on health inequalities: 'Health Inequalities – Status Report on the Programme for Action' on 11th August was a curious affair . Reminiscent of the deliberately covert release of the Black Report on an August Bank Holiday Monday in 1980 the report appeared at a time when the responsible Minister – Caroline Flint, Minister for Public Health, was on holiday and her deputy unavailable. In July 2003 the government stated that there would be an annual report from the Department of Health's "Health Inequality Unit" on health inequality indicators related to the health inequality targets; nothing appeared for more than two years, and then conveniently appeared after an election. Even stranger, the press release referring to the report deflected attention from the key finding of widening inequalities in life expectancy and infant mortality by headlining the twelve "early adopter sites" which will be the first areas to have "health trainers". Caroline Flint said in the press release that "Many people have difficulty in changing to a healthier way of life…Health trainers are one of the many initiatives in the white paper which will help narrow this gap by supporting people to make healthier choices in their daily lives."2. To Labour party traditionalists, opposed to victim-blaming approaches to health promotion, this must have triggered memories of Conservative minister Edwina Currie admonishing the poor to buy cheap but healthy food. To new Labour – famously relaxed about the rich getting richer and comfortable with the wholesale adoption of Tory ideology - however, it is perhaps grist to the mill.

The scientific endorsement of the report was also at odds with its key findings. After years of making seminal contributions to the study of the 'social gradient' in mortality the chair of the Scientific Reference Group on Health Inequalities, the eminent epidemiologist Sir Michael Marmot, implied that current inequalities within England were insignificant in comparison to marked historical improvements and international comparisons:

"Now we're talking about an average of 5 per 1000 live births for the country and in the worst off group it's 6. It sounds like a scandal; why hasn't it got better? But in fact we're looking at the most dramatic improvement…... The best in the world is Iceland at 3 per 1000 live births, the worst in the world is Sierra Leone with 196, so on a scale from Iceland to Sierra Leone the worst off in Britain is 6. They're very close to the Iceland figures".

Of course, such comparisons do add sobering perspective to the extent of inequalities within England, but it was strange to hear the Chair of the Scientific Reference Group on Health Inequalities dismiss inequalities within his own society so easily. Even the most conservative measures of inequalities in health between large areas in England show that all infants in poorer areas are at least twice as likely to die in their first year of life than those in more affluent areas . Between smaller areas and when comparing the chances of babies born to affluent couples as opposed to the infants of poor parents born in poor areas the inequalities are considerably worse compared to the headline figure. Similarly the growing life expectancy difference between areas equates to millions of years of life ended prematurely every year in the United Kingdom. To imply that the suffering caused as inequalities worsen is minimal is surely misleading, and contrasts to Sir Michael Marmot's comments a year earlier:

"In 2004 it is not acceptable – at least to me – that life expectancy should decline by a year for each of the next six stops you travel eastwards along the London Underground District Line from Tower Hill in the East End. Talking about individual choice in health makes good political rhetoric. But the scientific reality is that peoples' choices are determined by their social arrangements and life circumstances".

The circumstances of the release of the report should not be allowed to detract from its main message – that health inequalities, as measured by both spatial differences in life expectancy and socio-economic differences in infant mortality, have widened. The latest data for life expectancy (2001-2003) show that the gap between England as a whole and the fifth of local authorities with the lowest life expectancy has increased, by 2% for males and by 5% for

females.

For the first time we also learnt from the report that apparently these poor results were to be expected: “There is, as expected over this short timescale, no narrowing of health inequalities against the Public Service Agreement target.” (Caroline Flint, p.1 of report) Thus despite the publication of the Acheson report in 1998 , a raft of policy documents since and an historic third term for Labour, it is still apparently too early to expect change as “many interventions will only be coming on stream after 2003” (p.6). Expectations thus seem to have dwindled since the heady days of “things can only get better”, “I believe in greater equality” (said Tony Blair in 1996) and “the whole Government, led from the top by the Prime Minister, is committed to the greatest ever reduction in health inequalities” (said Frank Dobson, then Health Secretary in 1998)8 and “No injustice is greater than the inequalities in health which scar our nation” (NHS Plan 2000) .

The assessment of trends in health inequalities has not been helped by targets that have had their spatial and social units altered, their start dates shifted and measures changed repeatedly in their as yet short lives. The life expectancy target first mentioned health authorities, which were soon abolished, and then the fifth of local authorities with the lowest life expectancy and now refers to a “spearhead” group. Curiously, the 12 “early adopter sites” which are to get “health trainers” overlap with (but are not exclusively drawn from) the “spearhead” group. The spearhead group will (for now) be used to measure progress towards the life expectancy target. The infant mortality target has likewise been reformulated, as the official measure of social class has changed. Moreover, neither of the targets are true health inequalities targets as they compare the worst off groups with the average for the population as a whole rather than considering the entire distribution6. Indeed, the rapid moving of the goalposts seems to have confused the drafters of this report, with 2001, 2002 and 2003 being given at various points as when the targets were set. For the record, the New Labour health inequality targets were announced in July 2000 in the NHS10 plan and formalised in February 2001 .

In opposition Labour consistently promised to implement the recommendations of the Black report and were incensed at the shoddy attempt made to cover it up exactly 25 years ago this month, as they (and Sir Michael Marmot) were by the similar attempt to suppress the impact of the follow-up Health Divide in 1987 . The fear that the hushed up release of this report raises is that the bold statements and unprecedented promises of Labour’s first years in power (for example, the pledge to eradicate child poverty within a generation) have now been wholly overtaken by the individualistic rhetoric of behavioural prevention and “choosing health”, with its three principles of “informed choice, personalisation, and working together”. The linking of the adverse trends in health inequalities with the introduction of health trainers is a prime example of this; while the proportion of children living in low-income households is a national indicator, nowhere in the report is there any mention of measuring, let alone directly tackling, the static or widening inequalities in income and wealth that New Labour have presided over – with widening housing wealth inequalities a prime example of this . Perhaps rather than focusing on changing the health choices of millions of individuals the government should think more about a healthier way to govern – making the long overdue but still salient choices at its disposal to use the tax and benefit systems to kerb growing social inequalities in income and wealth.

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