Socioeconomic health differences; a reply

Gunning-Schepers, L.J.; Gepkens, A.

DOI
10.1093/eurpub/7.2.222
Publication date
1997

Published in
European Journal of Public Health

health programmes which are based on changes of the environment by, for example, legislation, taxation or behavioural incentives.

- The problems of influencing inequalities in health when the major determinant is poverty. Although there has been an undoubted improvement in the health of all socioeconomic groups, nonetheless, the proportional gap, between the poorest and wealthiest, has not diminished much. Although structural changes to society, e.g. communism, have failed and the provisions of monetary benefits to individuals considered to be poor is used in most of the developed countries, we have not continued to provide the additional services which were used in the past to alleviate the problems of the poor. In our attempt to cope with both the problems of cost-containment as well as evidence-based practice we have usually 'thrown the baby out with the bath water'.

REFERENCES

1 Gepkens A, Gunning-Schepers LJ. Interventions to reduce socioeconomic health differences: a review of the international literature. Eur J Public Hlth 1996;6:218-26.

2 Variations Sub-Group. Variations in health: what the Department of Health and the NHS do? London: Variations Sub-Group of the Chief Medical Officer's Health of the Nation Working Group, Department of Health, 1995.

3 M'Gonigle GCM, Kinley J. Poverty and public health. London: Gollancz, 1936.

4 Resource Allocation Working Party. Sharing resources for health in England. London: Her Majesty's Stationery Office, 1976.

Socioeconomic health differences

A reply

LOUISE J. GUNNING-SCHEPERS, ANNEMIEK GEPKENS *

We would like to thank Professor Holland for his comments on our paper[1] and we quite agree with most of his points. It is true that by restricting literature searches to computerized databases one might miss valuable older publications. We also quite agree that RCTs (randomized controlled trials) or other experimental designs may not be the best suited evaluation mode for some of the possible interventions that might help to reduce social inequalities in health. This is true for example for interventions that require legislation or structural financial measures such as taxation or benefit schemes. This does, however, not necessarily apply to some of the health promotion interventions. We did not limit our search to RCTs though, but we have to admit that outside RCTs the designs of the evaluation studies were often less rigorous than we could have hoped. They are often observational rather than experimental designs, controls may be missing completely and very often no attempt is made to control for autonomous trends or time intervals. More structural measures are seldom evaluated in terms of health benefits, let alone health differentials. To reduce social inequalities requires probably quite powerful interventions. To show a beneficial effect in the lower social groups is not sufficient evidence for such a reduction, which does not mean it is an unimportant public health intervention. Policy makers should be aware of the formidable task they take on when they announce policies to reduce inequalities.

At the same time one would not wish to discourage such policy actions. With our review we hoped at least to show what has been done and encourage those who are involved in programmes aimed at the reduction of inequalities to evaluate their efforts so that others may benefit from their experience. Although we may not be able to base all of our decisions on scientific evidence, it is wise to spend scarce resources as rationally as possible, especially in an area in which political views may differ so strongly.

Finally, we quite agree with Professor Holland that one need not to wait for a controlled experiment in order to continue a long-standing public health tradition to support policies combatting the consequences of poverty. In this area we may find more differences between European countries than we realize. The current debates on the future of the welfare state seldom involve public health professionals, and we may be so concerned with our own problems in dealing with scarce resources for health care that insufficient attention is paid to some of the policy changes occurring in the broader field of social health determinants. Each of those measures may individually seem quite trivial, but the cumulation of the effects in some groups in our population may well threaten their health in a way we should not tolerate.

We hope that our article and this exchange will start a long series of publication in the *European Journal of Public Health* reporting on the evaluation of interventions to reduce inequalities in health.

* **Correspondence:** LJ. Gunning-Schepers, Institute of Social Medicine, University of Amsterdam, Academic Medical Centre, Melbergdreef 15, 1105 AZ Amsterdam, The Netherlands

A. Gepkens, Department of Social Affairs and Employment, City of Eindhoven, Deken van Somerenstraat 4, 5611 KX Eindhoven, The Netherlands

REFERENCES

1 Gepkens A, Gunning-Schepers LJ. Interventions to reduce socioeconomic health differences: a review of the literature. Eur J Public Hlth 1996;6:218-26.