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Social inequality in health: Dichotomy or gradient? A comparative study of problematizations in national public health programmes☆

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Abstract

Recent public health programmes from four countries: Denmark, England, Norway, and Sweden, are studied to analyse how social inequality in health is described, explained and suggested to be tackled, i.e., the problematization or the discursive process whereby the issue is framed and made accessible to political action. Social inequality in health is defined in these programmes both as a disadvantaged minority with major health problems, in contrast to the rest of the population, i.e., as a dichotomy; and as a gradient in which health problems are seen as increasing with lower social class or educational level. The causes of health inequality are identified as behaviour, social relations and underlying social structures. Policies aimed at reducing health inequality can be characterized as either in accordance with a residual welfare state model, targeting the disadvantaged, or a universal model, addressing the whole population. All countries have policies that are mixtures of these problematizations, but with some systematic differences between the countries. In this field England resembles the Scandinavian countries, as much as they resemble each other dispelling the idea of a Nordic or Scandinavian welfare state model.

Keywords: Social inequalities; Public health; Policy; England; Scandinavia

1. Introduction

Denmark: "Social inequality in health should be minimized" [1, p. 8].

England: "Improve the health for everyone and the worst off in particular" [2, p. viii].

Norway: "A broad, long-term strategy to reduce social inequalities in health"[3, p. 5].

Sweden: "Reduce disparities in health between different population groups" [5, p. 18].

As the above quotations indicate, reduction of social inequality in health was one of the main targets of

☆ The Danish, a shorter version of the Swedish, and the Norwegian programmes on health inequalities are published in English. I have translated other quotations from the Swedish and the general Norwegian programme.

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public health programmes launched by the Danish, English, Norwegian and Swedish governments in the years around the millennium. Social inequality in health has entered the political agenda in several other countries in recent decades, notably the Netherlands, New Zealand [6], Finland [7] and Ireland [8]. The purpose of this article is to present a study of how social inequality in health was problematized in the four countries' policy declarations. The process of problematization influences how policies are created and differ. A second question is if the problematization in Scandinavian countries is similar to or different from that in England, i.e., whether a Scandinavian model exists in this policy field.

Several studies have been undertaken to analyze how social inequality in health has been dealt with politically. Many of them have two characteristics in common: they assume that a political consensus exists as to what social inequality is; and the development of policies in the area is assumed to follow a chain of events from documentation of a problem to political awareness and onward to concern, willingness to take action, initiatives and comprehensive coordinated policies. The policies may be in different phases, and there may be backlashes along the way, but they are not seen as following different paths [9–12]. This paper has a different approach; namely, to study the development of policies as a discursive process, in which the various ways of problematising an issue are studied, and where it is assumed that different discourses and problematizations are possible both between and within countries. Furthermore, it is presumed that different developments or paths are possible in the political process when dealing with the issue. It is an approach utilized by several social scientists [13–16].

The process of problematization is a necessary step in any political process. It is a discursive process whereby issues are framed and thereby made accessible to political action [17–19]. In the words of Michel Foucault, the "transformation of a group of obstacles and difficulties into problems to which diverse solutions will attempt to produce a response, this is what constitutes the point of problematization" [17, p. 118]. The process of problematization is a way of exercising power by setting the political agenda.

Gösta Esping-Andersen has described three welfare state typologies that have had great impact on welfare state research during the last decades. He differentiates between the 'liberal' welfare state, in which beneficiaries are mainly people of low-income, the 'corporatist' welfare states where rights are "attached to class and status", and, finally, there is the 'social democratic' regime type, which is characterized by the principle of universalism. [20] Welfare state measures may thus be characterized as either universal or targeted/residual. The Scandinavian states have been characterized as universal welfare states [21] while the characteristics of the British state are slightly more blurred. A questions addressed in the paper is whether these characteristics of the Scandinavian and British welfares states, respectively, apply to public health policies toward health inequalities. In this paper England, rather than the other UK countries, is studied because it has the most comprehensive programmes on inequalities.

2. Materials and methods

The programmes studied are the most recent general public health programmes launched by the governments [1,2,5,22] and specific programmes on social inequality in health published by the English [23] and Norwegian [4,24] governments. In England, Norway and Sweden one or several green papers [25–29] preceded the general final programmes. In England, a committee was set up in 1997 to investigate social inequality in health and submit recommendations [30]. Since the publication of the general English programme in 1999, more papers about tackling inequalities have been published and in 2003 a special action programme was launched [23,31,32]. In Norway an action plan on social inequalities was published in 2005 [24] and in 2007 the government launched a national strategy to reduce health inequalities [3]. In Sweden the programme was preceded by the work of a committee which published three white papers with data and policy recommendations and it was followed by a white paper in 2006 evaluating the situation [33]. In Denmark and Sweden only general public health programmes have been published. In the Danish programme little is written about social inequalities, while the issue is widely addressed in the Swedish programme [1].

Policy programmes display how governments wish to present their concerns and intentions. Since public health programmes contain policy statements rather