**Chapter 14 Health inequalities and public health practice – answers**

Self assessment

Question 1 of 4

Answer D – health inequalities are always associated with poverty. This statement is false, because some adverse health conditions, such as breast cancer, occur in more affluent populations. The remaining statements are elements of the definition of health inequalities used in this chapter

Question 2 of 4

Answer B – a fourfold difference in women’s mortality and differences in infant mortality by ethnicity are also seen

Question 3 of 4

Answer B – 30-fold. Mortality in children under five per 1,000 live births was 64 for Tajikistan and 2 for San Marino in 2008

Question 4 of 4

Answer E – all of the above. Possible explanations for health inequalities include artefacts, selection, cultural/behavioral and economic/materialist according to the Black report of 2010

Short answer questions

Question 1 of 4

Inclusion health is a term used to refer to the needs of any group of people who are socially excluded and may experience health inequalities as a result.

In the UK this typically includes People experiencing homelessness, eople in the criminal justice system, sex workers, Gypsy, Roma and Traveller communities, migrants and refugees, people who use substances, victims of modern slavery

Question 2 of 4

There are a range of ways in which governments can reduce health inequalities. You might have thought of:

* Universal, high quality welfare services that promote sustainable, social cohesion by limiting income inequality and differentials in social status (taxation, welfare benefits, parental leave and pension entitlements, and the setting of decent wages)
* Laws that improve the quality of work and the environment, e.g. the European Working Time Directive
* Setting standards for urban planning and housing, particularly social housing, and anti- discrimination laws
* Local governments ensuring safe play areas and traffic calming measures in residential areas; well designed, affordable housing; built environments that reduce the fear of crime and encourage leisure, walking and cycling; and the provision of efficient and affordable public transport and leisure opportunities
* Policies and legislation encouraging sustainable economic development are also important if health inequalities are to be reduced: reducing unemployment and job insecurity and ensuring access to high quality skills training
* Governments can also encourage local employers to provide high quality jobs with appropriate job control, management practices and balance between effort and reward
* Promoting equitable access to child care, pre- school education, schools, facilities for life-long learning, preventative, screening and primary care services, community-based mental health, hospital services and a range of high quality and affordable services to promote the independence of older people.

Question 3 of 4

Wherever we are in the social hierarchy, apart from the top and bottom, our health will be better than those below and worse than those above us. This means that inequalities in health affect all of the population, not just the poor.

Question 4 of 4

Meso-level approaches take place at the health care or community system level. They might include, for example:

* Include health inequalities reduction explicitly in organisational aims and contracts
* Ensure systems are developed to collect, analyse and act on pertinent data
* Mindfully allocate resources and workforce - adopt proportionate universal approaches
* Prioritise prevention
* Explore and develop opportunities to act as an anchor institution within the community
* Partner with and support the work of other agencies in acting on social determinants
* Adopt community-centric, assets-based and whole systems approaches to development of public health and health services