There is a renewed interest within public health circles in the contribution made by social and economic factors to health, reflecting the strength of the evidence base which now exists in this area. As part of a recent campaign to encourage wider recognition and action on these factors, the Centre for Urban Health, WHO Regional Office for Europe, requested the International Centre for Health and Society, based at University College, London, to summarize the growing evidence on the social determinants of health as 10 key messages for policy makers and the public. The resulting booklet, *Social Determinants of Health—The Solid Facts*, outlined the contribution of a range of social, material and psychosocial factors to population health: work, unemployment, early life, addiction, food, transport, stress, social exclusion, social support and the social gradient. *The Solid Facts* (as the booklet is more popularly known) made a strong but easily understood case for the various ways in which material disadvantage combines with the effects of insecurity, anxiety and lack of social integration to affect the health of those at progressively lower levels of socio-economic status.

The evidence and policy implications contained in the booklet are given a much expanded and more technical treatment in the new Oxford University Press publication *Social Determinants of Health*. Edited by Michael Marmot and Richard Wilkinson, who were also co-authors of the WHO report, the book focuses in turn on each of the social determinants named above, with the 10 ‘messages’ forming the topics for Chapters 2–11. Each chapter provides a clear and informative overview of the most recent research in the area, and the evidence underlying the message. Most chapters are written by leading researchers in the field, and all of the authors have an affiliation with the International Centre for Health and Society.

The book begins and ends with ‘framing’ chapters by the two editors. Michael Marmot introduces the collection by rehearsing questions regularly asked of health inequalities researchers: What is the practical value of the research? How can the knowledge be applied? What is the role of medical care in health inequalities? What about the genetic basis of disease and individual risk? Are we dealing with natural selection or social causation and health status? How exactly does the social environment affect health?

Using international comparative data from the World Development Report, the WHO Global Burden of Disease Study, and his own collaborative research in Europe (including the Whitehall studies of British civil servants), Marmot suggests that there is now sufficient evidence to argue the following.

- Differences in health between population groups are due to characteristics of society, not to differences in health care.
- When people change social and cultural environments, their disease risks change; people’s disease rates are responsive to the environment in which they reside.
- The health gradient is not a function of poverty alone. Health inequality is not a question of poor health for the poor, and good health for the rest. It is a problem across the socio-economic spectrum—as one moves down the social hierarchy, life expectancy gets shorter and mortality rates are higher.
- The health gradient can change, and change quickly, as events in central and eastern Europe illustrate.
The health gradient is not a matter of selection. Ill health can be a barrier to success in life, but the effect is relatively small. By and large, health does not determine social position; social position determines health.

In Chapter 2, Marmot joins with Eric Brunner to write about the ‘variety of biological pathways that can plausibly change the risk of developing major disease’. Marmot and Brunner examine the ways in which social organization can influence biology, and provide models for hypothesizing the links between the psycho-biological stress response, the social environment and disease states. This chapter provides a figure that attempts to illustrate a comprehensive model of the social determinants of health. The model links social structure to health and disease via material, psychosocial, behavioural and bio-physiological pathways. Genetic, early life and cultural factors are represented as permeating the entire series of pathways.

The importance of the early years for shaping biological status into adulthood continues in Michael Wadsworth’s Chapter 3, and in David Blane’s contribution in Chapter 4. Together the material in these chapters supports the proposition that the optimal stress response in relation to long-term health is associated with the early life, and living and working conditions of the ‘materially advantaged’. These chapters emphasize how ‘the long reach of childhood’ has implications for physical health across the life course.

Much of the material points to the cumulative effects of both social and biological events across the life course. This is a point that is emphasized in Chapter 5, ‘Living in a high-employment economy: understanding the health consequences’. Bartley, Ferrie and Montgomery highlight the importance of long-term studies which chart the process of accumulation of advantage or disadvantage. They argue that in the area of employment and unemployment it may be wise to consider a continuum of experience because the stresses of chronic insecurity of tenure in work can be as significant as the stresses of unemployment.

The theme of work and employment status continues in Chapter 6. In this chapter, Marmot joins with leading work and health researchers to examine the relationship between health and the psychosocial environment at work. The authors note that the so-called ‘classical’ risk factors of high blood pressure, raised plasma cholesterol and smoking account for no more than one-third of the social gradient in cardiovascular disease—hence they argue it is necessary to look for explanations in the wider social and economic organization of societies. The nature of working life is a particular feature of social organization, and significant as a source of a number of psychosocial influences on health.

The authors draw on a wide range of studies to show that the extent of perceived and actual control over one’s working situation is a significant predictor of adverse health outcomes associated with the work environment. However, the authors also suggest that it is not sufficient to concentrate on conditions in any one setting, e.g. the workplace, without exploring the inter-relationships between family and working lives and community structures.

Chapters 9–11 include ‘Poverty, social exclusion, and minorities’ by Shaw, Dorling and Davey Smith; ‘Social patterning of individual health behaviours: the case of cigarette smoking’ by Jarvis and Wardle; and ‘Food is a political issue’ by Robertson, Brunner and Sheiham. The authors remind us that it is premature to overlook poverty as a critical dimension to health outcomes even in the so-called First World. They all, however, elaborate some form of inter-relationship between material circumstances, social structures and psychosocial mediators and responses. In the case of the unemployed, financial problems and risk of depression and loneliness go hand in hand in the first 18 months after losing a job. For minority groups there are multiple dimensions of social exclusion, but in general economic disadvantage is accompanied by threats to meaning and identity creation. The matter of why poor people smoke has been explained partly as a result of lower levels of self-esteem, and downward social mobility. In relation to food, access issues are vital but so is, it seems, community control over what is available.

One theme that runs through the chapters is how important longitudinal cohort studies have been to the epidemiological insights in this complex field. The insight is particularly pertinent for countries, e.g. Australia, that have underinvested in this form of research.

The challenge of ‘putting the picture together’ is taken up by Richard Wilkinson in Chapter 12. Wilkinson, author of Unhealthy Societies: The Afflictions of Inequalities, synthesizes one of the major arguments of his earlier book: that relative
deprivation is as important as absolute deprivation. He provides data for OECD countries that show only a weak association between long-term economic growth and changes in life expectancy. So while the USA has twice the gross domestic product per capita of Greece, life expectancy is higher in Greece. Within nations or areas, the argument is that over a certain level of income where one is placed in the social hierarchy is as important as one's income. National social gradients of health reflect psychosocial factors as much as material hazards and circumstances.

Wilkinson claims that a meta review of studies looking at the relationship between income distribution and health within a nation shows that greater income equality has a beneficial effect on the health of the whole population. He cites US research by Kaplan, and Kennedy and Kawachi—including the latters' findings of a relationship between homicide and income inequality—and urges further research on the role of shame, fear of incompetence, and inferiority on health endpoints. In Wilkinson's opinion, the psychosocial effects of social relations render a more plausible explanation for health outcomes than do materiality and risky behaviours. One of the few references to the role of cultural factors is made in this chapter, when Wilkinson addresses the generalized and institutionalized acceptance of the 'shame–rage spiral', and the impacts of racial discrimination.

Each of the chapters contains a section, of varying depth and thoughtfulness, about the policy implications of the evidence that they cover. The chapter on food, and Chapter 7 ‘Transport and health' by McCarthy, contain recommendations that apply from the global to the local level. Other chapters emphasize social policy recommendations—e.g. ‘psychosocial support' policies, and ‘springboard' arrangements rather than safety nets, which can help repair the damage of past disadvantage and move individuals and families to a more socially advantaged life trajectory. The enormous challenges in developing policy recommendations are obvious throughout the book, and are manifest in Stansfeld's comments in Chapter 8 in relation to the need for serious consideration of the influence of macro-level policy decisions on social support and social cohesion. But how many governments are willing to audit their economic and fiscal policies for their impact on social cohesion?

A brief epilogue is provided by Tsouros and Farrington of the European Office of WHO. They argue that since the WHO strategy of Health for All, health policy making has been beset by change. First, the policy environment is characterized by the inclusion of more actors, intersectoral action, local action and the mobilization of networks, which combine to make the policy process a far more demanding activity. Second, the accumulating evidence described in books, e.g. Social Determinants of Health, reinforces the urgency of working upstream on the factors that influence lifestyles. An overview of the WHO Healthy Cities Project follows, with an explanation that the Project has become WHO Europe's principle vehicle for pursuing an understanding of, and policy action on, the social determinants of health.

The epilogue returns us to the opening question asked by Michael Marmot about the practical value of doing research on social inequalities in health. Tsouros and Farrington argue that it is vital that policy makers have access to the type of research represented in Social Determinants of Health. They also stress the importance of such research being communicated clearly if it is to influence the policy agenda.

The Social Determinants of Health provides a relevant and readable synthesis of current health inequalities research. It has all the right ingredients to make a major contribution to policy debates and decision making, and should achieve its aim of promoting a discourse among policy makers, practitioners and the public—in Europe at least—about research findings relevant to improving the health of us all. For readers of Health Promotion International, the Social Determinants of Health must be considered essential reading.

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For all the talk of multi-disciplinary and multi-agency Public Health, it is actually quite difficult to find texts which take a genuinely broad approach to public health policy and practice. *Perspectives in Public Health* does just that and as such is a thoroughly worthwhile read both for students of Public Health and for those of us, more seasoned in the field, who are trying to keep pace with developments and fit them into the contemporary political context in Britain, and indeed elsewhere in the developed world.

The book has a Foreword by Tessa Jowell, UK Minister of State for Public Health, which serves to emphasize the fact that Public Health and Politics (with both a big and a little p) are never far apart, something which is very clear as the book weaves together the strands of policy and practice, history and future scanning. The highly contemporaneous nature of the book is in many ways its strength and its usefulness: the downside is that it runs the risk, in 5 years time, of becoming a document of historical interest.

The book is, in the first instance, very readable, with a continuity of style and format which belies the range of contributors. Lots of headings and bullet points make the text easily accessible and well suited to the snatched, sound byte reading mode which so many of us have to adopt. There is little in it which could be described as technical, and readers should find no difficulty in understanding the issues put forward by writers from disciplines other than their own.

The book opens with an introduction by the editors who bravely and sensibly jump straight into the ‘What is Public Health?’ debate: their quotation from George Bernard Shaw in the early part of this century adding a touch of dry humour:

> take the utmost care to get well born and brought up. This means that your mother must have a good doctor. Be careful to go to a school where there is what they call a school clinic, where your nutrition and teeth and eyesight and other matters of importance to you will be attended to. Be particularly careful to have all this done at the expense of the nation.

Their key point, which sets the tone for the whole book, is ‘that the task of promoting the public’s health lies with many people in many walks of life. Public health is everybody’s business, regardless of whether they are politicians, employers, policy makers, professionals or members of the public.’

The book itself is divided into three main sections. Part 1 is entitled ‘Posing the problems: case studies in public health’, and offers discussion on a selection of policy issues including food, transport, housing as well as public health issues in relation to children and young people and to an ageing population.

Tim Lang’s chapter on ‘Food as a public health issue’ is particularly cogent. He outlines a short social history of food and health, and describes the externalized costs of modern food production. In so doing he reminds us that public health in the UK—and this book does focus on the UK—is inextricably linked with developments at a European and global level. Our experience of health is largely influenced by the fact that we are in many respects a global village within a global economy, with increasingly global lifestyles and cultures, and political decisions have to take this into consideration. Common sense tells us that it is not rational to destroy, as Tim Lang records, 2.5 billion kg of fruit and vegetables within 1 year in the EU when many of our children have a seriously impoverished diet. But common sense also tells us that trade-offs are made to ensure economic stability and political security. The chapter was clearly written before the genetically modified food controversy hit the UK: this would no doubt have offered scope for interesting discussion, particularly in relation to the power of consumers in influencing policy directions in Public Health.

The second part of the book is entitled ‘Meeting the challenges: practice perspectives’, and has a dozen chapters written by different practitioners of Public Health including scientists, local government officers and medical staff.

As someone originally from a nursing background, I was particularly interested in what Jackie Carnell and Ron de Witt had to say about Public Health Nursing. They give a good overview of the issues and the opportunities...
presented by new legislation. I am personally less convinced about their strong assertions on the commonality between definitions of nursing practice and the broad-based approaches to public health and by their statement that ‘Public health is nursing practice’.

Of course the collective efforts of nurses contribute to the health of the public, but it has been my experience that most nurses focus very much on individuals and are quite uncomfortable about working at the population or community level. Nurses do indeed, as the authors of this chapter assert, witness daily the effects of poverty and the wider environmental issues of health on individuals and families, but so do many others. What matters is that they have the professional skills and resources to address those effects on more than the one to one level.

Perhaps it is more productive to consider what skills are needed to deliver Public Health rather than what skills we can assemble from the range of existing professional groups. This thought leads on to the final section of the book ‘Facing the future’ where Walter Holland and Susie Stewart look at the tasks at local, regional and central level which need to be addressed by Public Health practitioners. Kenneth Calman undertakes some horizon scanning, well-founded on the principles of Public Health, whilst the final chapter is contributed by Lord (Phillip) Hunt who focuses on the NHS/Local Government relationship and the prospects for effective joint working through ‘A complicated process of moving staff and organizations forward (which) cannot be underestimated’.

Sian Griffiths and David Hunter close the book with a combination of optimism and caution: optimism that the current political climate is putting public health centre stage and caution that collaboration between healthcare, local government and the voluntary sector requires a sophisticated understanding of cultural differences and the time to build mutual trust.

Optimism and caution are perhaps key words for all of us who strive to improve the Public Health at the present time. This book will undoubtedly give you optimism, should you need it, that multi-disciplinary and multi-agency Public Health is alive and well.

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