

A conceptual history of social inequality in health in Germany

Section: 4393.0 International experiences and efforts in OHS

Introduction:

Interventions to decrease social inequality in health are dependent on the knowledge about these inequalities. In Germany inequality is a key concept in the three discourses of social epidemiology, political consulting and health policy. German scientific research on social inequality in health commences in 1975. The date is a turning point in a field of research that maintains socially disadvantaged people are more likely to fall ill.

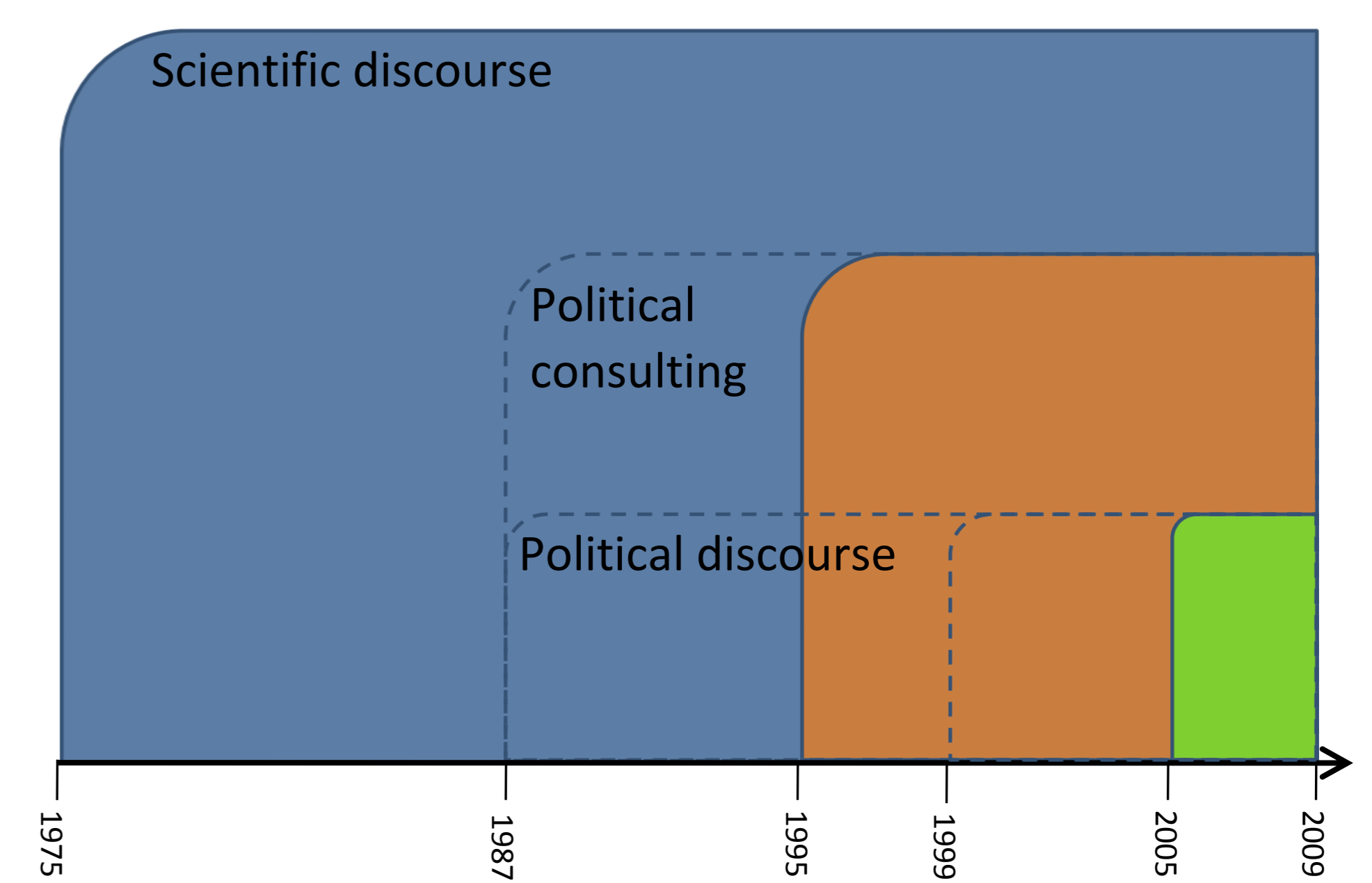
Research question, method and sources:

The study reconstructs the knowledge politics of the concept of social inequality in health. 110 scientific papers, 14 surveys of the advisory board on the development of public health and the legislation on public health in Germany between 1975 and 2009 are analyzed by using the means of conceptual history¹ and the sociology of knowledge approach to discourse.²

Findings:

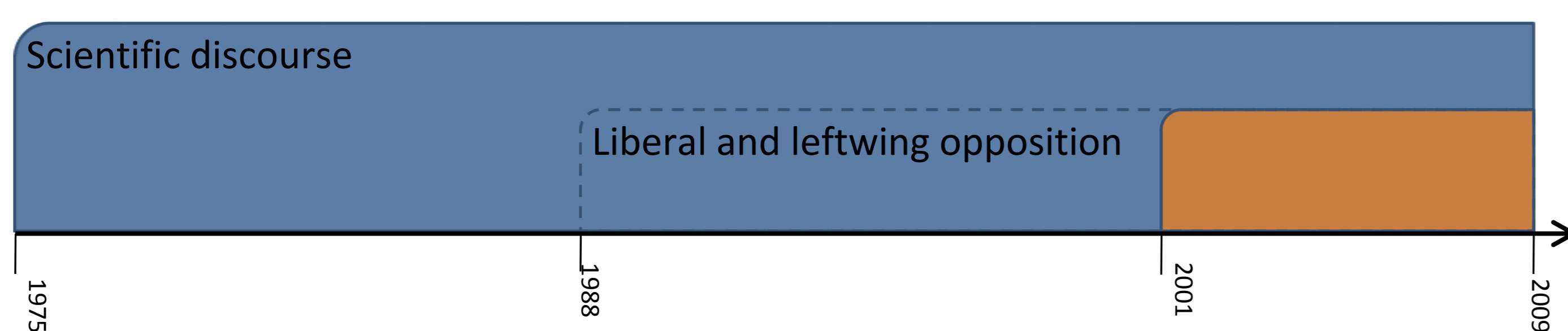
The concept of social inequality in health has been transferred from the scientific discourse to an expert advisory board for public health issues and from there to the health political debate. This advisory board has shaped the political concept of inequality since the publication of its first report in 1987. However, the concept of social inequality in health is not used continuously before 1995. It takes even another 10 years, until 2005, before it becomes a generally applied concept in German political debate. Analyzing the historical development reveals 4 types of intervention against social inequality in health as shown below.

Historical development of the concept social inequality in health

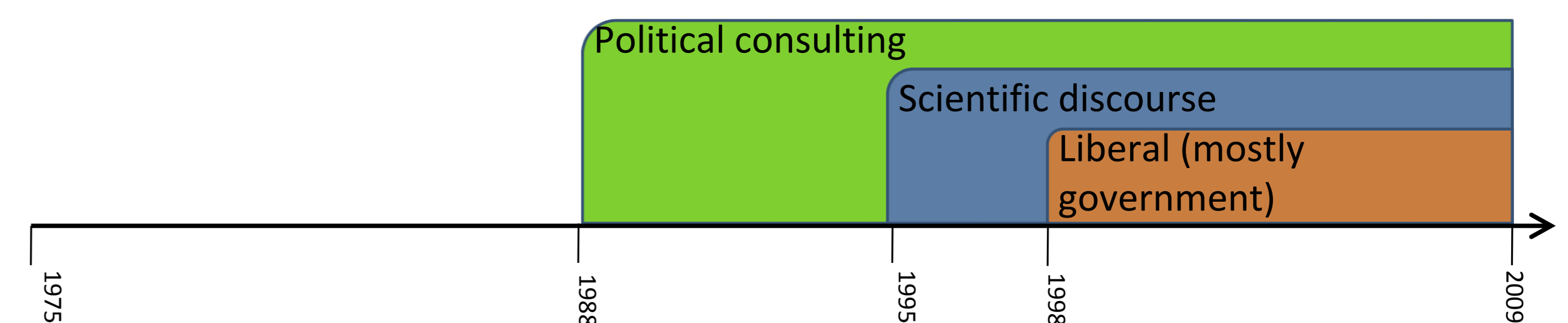


Historical development of intervention against social inequality in health

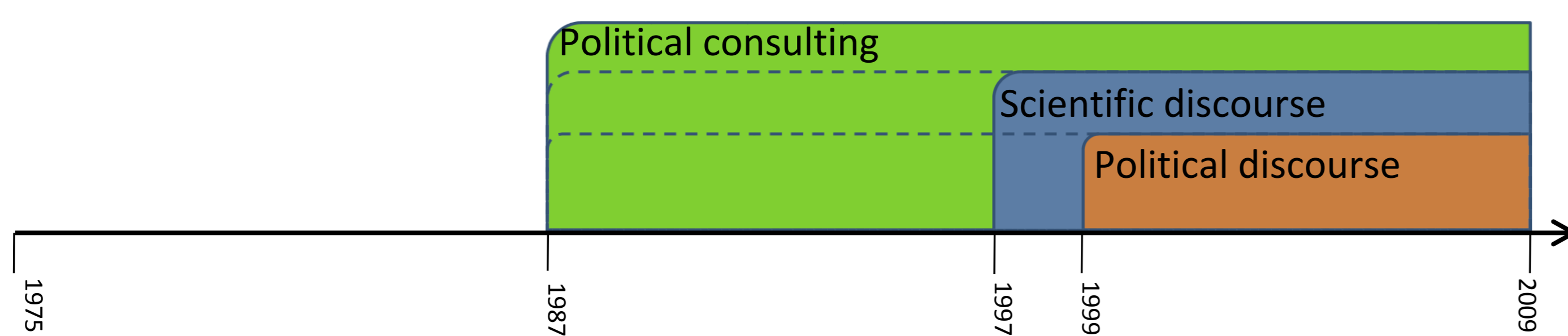
Type 1: Structural change of social inequality



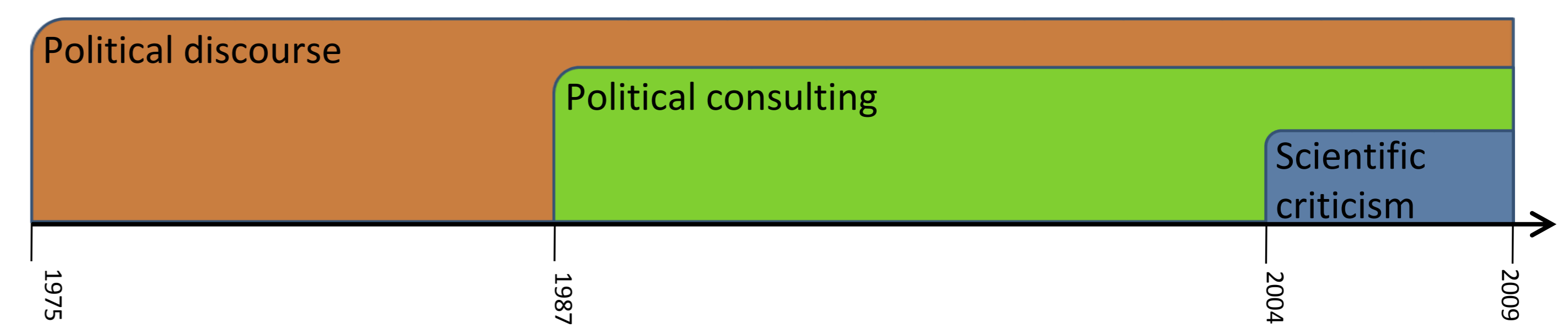
Type 2: Structural adjustment of inequality in health



Type 3: Behavioral change of the individual



Type 4: individual contributions to the health costs



The historical development shows that only intervention type 1 is generated by scientists. Type 1 debates structural change of social inequality by, e.g., redistribution of income or equalization of the years in education. In contrast intervention type 2 and 3 are first recommended by political consulting. The idea to decrease inequality by structural adjustment (type 2), e.g., by decreasing the stress level at work or by health education (type 3), e.g., back exercises for office workers does not originate from the scientific discourse. Instead these types of intervention are integrated into scientific knowledge after a non-scientific influence. This is similar for the idea to enforce behavioral change by individual contributions to the health costs (type 4).

Conclusions:

- (1) The knowledge on social inequality in health is influenced by scientific and non-scientific discourses. This results in a change of the scientific knowledge on social inequality in health in the mid-1990s.
- (2) While non-scientific actors successfully influence scientific knowledge the latter does not exert the same impact on the former. The idea to decrease social inequality in health by structural change neither took hold in the political discourse nor in the discourse of political consulting. While low income workers die two years earlier today than ten years ago³ redistribution of income or equalization of the years in education have never been tried as intervention against inequality.

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References:

- ¹Skinner Q (2002) Regarding method. Cambridge [u.a.]: Cambridge Univ. Press.
- ²Keller R (2011) The Sociology of Knowledge Approach to Discourse (SKAD). Human Studies 34(1): 43–65.
- ³Deutscher Bundestag 30. 11. 2011 – Antwort der Bundesregierung auf die Große Anfrage der Abgeordneten Matthias W. Birkwald