

## Health inequalities - reports

There are a number of reports that have been published since the 1960s. These have made an important contribution to our understanding of inequalities in relation to health and to the causes of the inequalities in morbidity and mortality.

### Task 1:



European city of Culture?, Christopher Furlong / getty images

'Babies born in Glasgow are expected to live the shortest lives of any in Britain. One in four Glaswegian men won't reach their 65th birthday. What is behind the "Glasgow Effect" and can it be prevented?'

<http://www.who.int/bulletin/volumes/89/10/11-021011/en/>

1. Consider a comparison between men in Glasgow and men in Iraq.

### Task 2: Analyse the Guardian articles below

2. Identify 2/3 points that have been used to explain why the life expectancy in Glasgow is relatively low compared to other cities in the UK with similar socio-economic factors or other countries in poorer parts of the world.

<https://www.theguardian.com/society/2006/jan/21/health.politics>

<https://www.theguardian.com/uk/2011/jun/08/glasgow-city-where-die-young>

# Patterns and trends

**Task 3:** In a more recent article from 2014 it is noted that life expectancy for men in Glasgow has still not changed relative to that of other cities.

<https://www.theguardian.com/news/datablog/2014/apr/16/commonwealth-games-2014-glasgow-lowest-life-expectancy-uk>

The same information can be found on Youtube for those who prefer information in a visual format. There are a number of clips to choose from.

<https://uk.video.search.yahoo.com/search/video?fr=mcafee&p=the+glasgow+effect+youtube#id=7&vid>

<https://www.youtube.com/watch?v= HizPT59GCM>

3. Compare the north/south divide identified in the article.
4. Where is the highest life expectancy at birth for males and where is the lowest?
5. Identify the highest and lowest life expectancy area in the UK for women.

## Task 4: Analyse the articles below

<http://www.bbc.co.uk/news/magazine-27309446>

<http://www.who.int/bulletin/volumes/89/10/11-021011/en/>

<http://life.mappinglondon.co.uk/>

<http://www.bbc.co.uk/news/uk-england-london-18917932>

From the articles above identify policies that have been suggested in order to improve the situation in areas where life expectancy is low.

# The Reports

Since 1980 there have been a number of reports which have offered explanations for the inequalities in health in different areas of the UK and between different demographics.

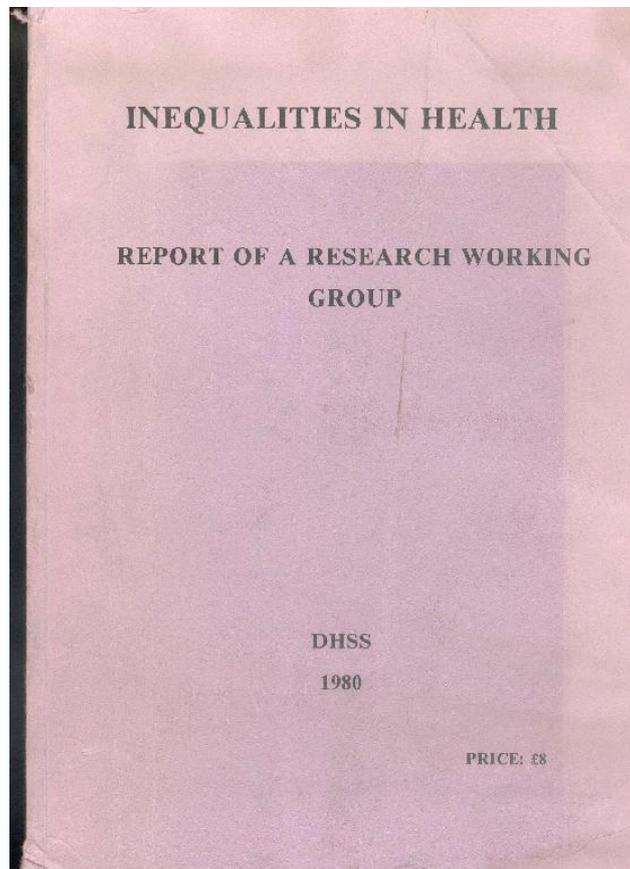
Some of these have been produced by the government or have been government sponsored others have been produced by independent researchers.

The four main reports/reviews to be aware of are:

1. The Black Report – 1980
2. The Whitehead Report - 1987
3. The Acheson Report: “Inequalities in health: report of an independent inquiry” - 1998
4. The Marmot Review – Fair Society, Healthy Lives – 2010.

## 1. The Black Report

This Report was commissioned by the Labour government in 1977 but it reported to a conservative government in 1980. The latter attempted to conceal the findings by publishing it on the August bank holiday of that year.



The findings revealed that social class was a clear determinant of morbidity and mortality rates. For example those in social class 5 were 2 and a half times more likely to die before retirement age than those in social class 1.

The Report argued that statistics showed the gap between the social classes had been growing since the NHS was set up in 1948 and was not a result of the NHS itself. The gap between the social classes could be seen in relation to health, education, housing, income, employment including conditions in the workplace and diet.

## Recommendations of the Report

These included improved facilities for mothers and babies, health education in schools, additional funding for poorer areas, abolition of child poverty by the end of the 1980s, increased child benefit, free school meals and provision of care for the elderly and disabled in their own homes.

In all there were 37 recommendations and many of these have never been followed up.

The Socialist Health association has provided a useful summary of the recommendations and what happened to them after 25 years. The full Report can be accessed on the following site:

<https://www.sochealth.co.uk/national-health-service/public-health-and-wellbeing/poverty-and-inequality/the-black-report-1980/whatever-happened-to-the-black-report/>

The recommendations provide more depth than is required for study at A2 but for those who want to know more about the Report they make interesting reading. Similarly it is not necessary to know the amount of detail regarding the explanations to be found in chapter 6 but it is important to know and understand the four explanations identified in the Report.

Chapter 6 of the Report covers the explanations for the inequalities.

The Black Report identified four possible explanations for the social class inequalities. These were: artefact explanations, theories of natural or social selection, cultural/behavioural explanations and materialist explanations

The conclusion to the report made clear the views of the members of the research group in relation to the four explanations:

“Intellectual honesty demands that we make clear our belief that it is in some form or forms of the ‘materialist’ approach that the best answer lies.”

**Task: Using sources such as Waugh, C et al (2008) Sociology Heinemann to help you write a brief summary of the four explanations.**

## Suggested response

### *The artefact explanation*

This explanation suggests that health statistics may be unintentionally biased. For example the recording of the causes of deaths may vary from one region to another. Also the diagnosis of illnesses has changed. Those that use this explanation also argue that the use of the Registrar General's occupational classification is not altogether helpful since the size of the social classes has changed since the classification was first devised in 1911 thereby making cross class comparisons problematic. Social class one and five are smaller than social class three and therefore the comparisons are distorted. Essentially they argue the comparisons are socially constructed.

### *Theories of natural or social selection*

The social selection explanation argues that those who are ill are likely to drop down the social classes. Those who are unhealthy tend to drop down the social classes as a result of 'for example' unemployment. Those who for example develop their career or succeed in education may become upwardly mobile.

### *Cultural/behavioural explanations.*

The cultural explanation is concerned with lifestyle. It suggests that the working class are less likely to follow a healthy lifestyle than the middle class. They are more likely to smoke, have a less healthy diet and consume more alcohol.

### *Materialist explanations*

This says that inequalities in health are connected to material deprivation such as damp housing, poor heating, low income, pollution and poor working conditions. In other words inequalities in health are linked to social class.

The conservative government 'elected in 1979' were not convinced by the suggestion of the Black Report that material factors were the main reason for the inequalities they were of the view that people were personally responsible for the inequalities.

## Task: What criticisms could be made of any or all of the above?

### Suggested response

The artefact explanation is criticised by Illsley who said that comparing the highest and lowest classes was not safe as these classes were diminishing in size. It was therefore not helpful to compare these two extremes in terms of social class when the biggest social class was social class 3. The Acheson report did combine smaller social groups in order to overcome this criticism. Another critic of the artefact approach, Carr-Hill (1987), was that the occupation recorded on death certificates was not always accurate and given occupation is used to identify a person's social class the artefact approach could not be deemed to be a safe explanation. The social class classification has been changed, now the NS-SEC and based on a Weberian approach which includes status and power in the job market, but Scambler (2012) still argues that occupation is not entirely helpful in comparing rates of morbidity and mortality because there are wider structural inequalities which occupation 'however it is measured' does not take into account. The Marmot Review (2010) takes some of these criticisms into account.

### Theories of natural or social selection

This is a biological view and tends to be rather circular.

It is not able to explain regional differences in inequalities.

### *Cultural/behavioural explanations.*

The critics of this explanation argue people from lower social classes may engage in risky behaviour as a rational response to their situation for example smoking. Graham (1993) argues that working class women may smoke to deal with the stress of their material conditions.

Bartley (2003) argues that the choice to eat healthily is not always available to those on low incomes since healthy foodstuffs such as brown bread and fresh fruit and vegetables can be expensive. This is supported by the earlier research of Lobstein (1995).

Annandale and Field (2007) argue people in lower social classes have a fatalistic approach to health. They have low expectations.

### Materialist explanations

Critics of this explanation argue that people can make choices and that the choices they make have a far greater impact than their class position per se.

Some argue that genetics plays a part in health inequalities.

Whilst these explanations are still useful the explanations that are now used tend to be

- The behavioural model which has a number of similarities to the cultural approach outlined in the Black Report
- The materialist model – essentially the same as the material approach used in the Black report
- The psycho-social model – how people feel in response to the inequalities they experience may affect their health and propensity to ill health. This is linked to autonomy at work, networks of friends, closeness of family and the cohesion of the local community.
- The life-course model. This model examines through longitudinal studies experiences from in utero to childhood and so on. The research to support this appears to show how health inequalities build up over a person's life time.

Look these up in Haralambos or by using websites such as

<https://www.healthknowledge.org.uk>

## 2. Whitehead – The health Divide

The findings of Whitehead in 1987 was that the divide between the social classes was getting bigger and that the health of the lower social classes had become worse since the Black Report.

## 3. The Acheson Report: “Inequalities in health: report of an independent inquiry” - 1998

This was a government-commissioned report on health inequalities. It was commissioned by the incoming Labour government of 1997.

The Acheson Report agreed with the findings of the Black Report that health inequalities were a result of material factors. The Report concluded that the gap between the higher and lower social classes had widened and this was despite the general overall increase in prosperity in the country. The gap was reflected in the growing inequalities in health. This Report addressed Illsley's criticisms of the Black Report by combining social classes 1 and 2 and then 4 and 5.

The Report was also based on the World Health Organisation notion of 'layers of influence'. In other words health inequalities are based on a range of influences from the socio-economic factors to the individual lifestyles of individuals.

The website below provides a summary of the findings of the Acheson Report and recommendations

<http://news.bbc.co.uk/1/hi/health/222649.stm>

The following is an extract from the website

Thursday, November 26, 1998 Published at 18:09 GMT

## Health - The Acheson report up close

### Benefits

The report calls for an increase in benefit levels for women of childbearing age, expectant mothers, young children and older people.

It says poverty has a disproportionate effect on children. In the mid 1990s, around a quarter of people in the UK were living below the poverty level.

But among children, the figure was one in three.

The report says children under two are more expensive to look after than older children, but Income Support levels do not reflect this.

It says benefits underestimate the cost of providing a basic standard of living for single parents.

Read full article here <http://bbc.in/2xjCE1M> (BBC News)

**Task: From the article above identify two/three points you could use in the exam in relation to questions on health inequalities particularly in relation to social class inequalities.**

### 4. The Whitehall Study

It is worth knowing about a study of Whitehall employees led by Marmot which started in 1967 – pre the Black Report – and continued in the 1980's with a second study of Whitehall employees. Both studies found that civil servants on the lower grades were more likely to suffer from a range of illnesses including heart attacks, strokes and bronchitis. There was also a difference in the behaviours of those on lower grades in relation to for example smoking, diet and exercise. The findings from these studies formed part of the evidence which informed the Marmot Review.

### 5. The Marmot Review – Fair Society, Healthy Lives – 2010.

The Marmot Review was published in 2010.

<http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review>

The following are some of the findings adapted from the Review

- People living in the poorest neighbourhoods in England will on average die seven years earlier than people living in the richest neighbourhoods

- People living in poorer areas not only die sooner, but spend more of their lives with disability - an average total difference of 17 years
- The lower one's social and economic status, the poorer one's health is likely to be
- Health inequalities arise from a complex interaction of many factors - housing, income, education, social isolation, disability - all of which are strongly affected by one's economic and social status
- Health inequalities are largely preventable. Not only is there a strong social justice case for addressing health inequalities, there is also a pressing economic case. It is estimated that the annual cost of health inequalities is between £36 billion to £40 billion through lost taxes, welfare payments and costs to the NHS
- Action on health inequalities requires action across all the social determinants of health, including education, occupation, income, home and community.

## Task

1. In what way if at all do the findings from this review change from those of the Black Report or the Acheson Report?
2. Summarise what they all have in common.
3. What measure does Marmot use for social inequality?

## Acts of parliament.

There have been some key acts of parliament which you should be aware of which are relevant to this option.

### The Disability Discrimination Act – 2005

Although this Act was intended to make amendments to the 1995 Disability Discrimination Act there are still areas of weakness.

## Task

To what extent do you think the physical environment in which you live is user friendly to someone with a physical disability?

Why might someone with an invisible disability still experience discrimination?

### The Equality Act 2010

This Act consolidated previous legislation covering areas of discrimination

The *characteristics* that are protected by the Equality Act 2010 are:

- Age
- Disability
- Gender reassignment
- Marriage or civil partnership (in employment only)
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation.

Disability is of particular interest to this option.

Look the Act up and summarise the findings. You do not need to know either of these acts in detail just a brief understanding of what they were trying to do.

What criticism could be made of the Act? What does the recent Equality and Human Resources Commission argue with regard to disability?

<https://www.equalityhumanrights.com/en>



