



Health Inequalities

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HEALTH INEQUALITY

Health inequality has been defined as:

“systemic differences in health within a country between people with a lower and higher socioeconomic position, as indicated by their level of education, occupational class, or income” (Mackenbach, 2019, p. 1)

The Social Construction of Health

Concept of health inequality first presented by Tudor Hart (1971) who introduced the concept of “inverse care law”

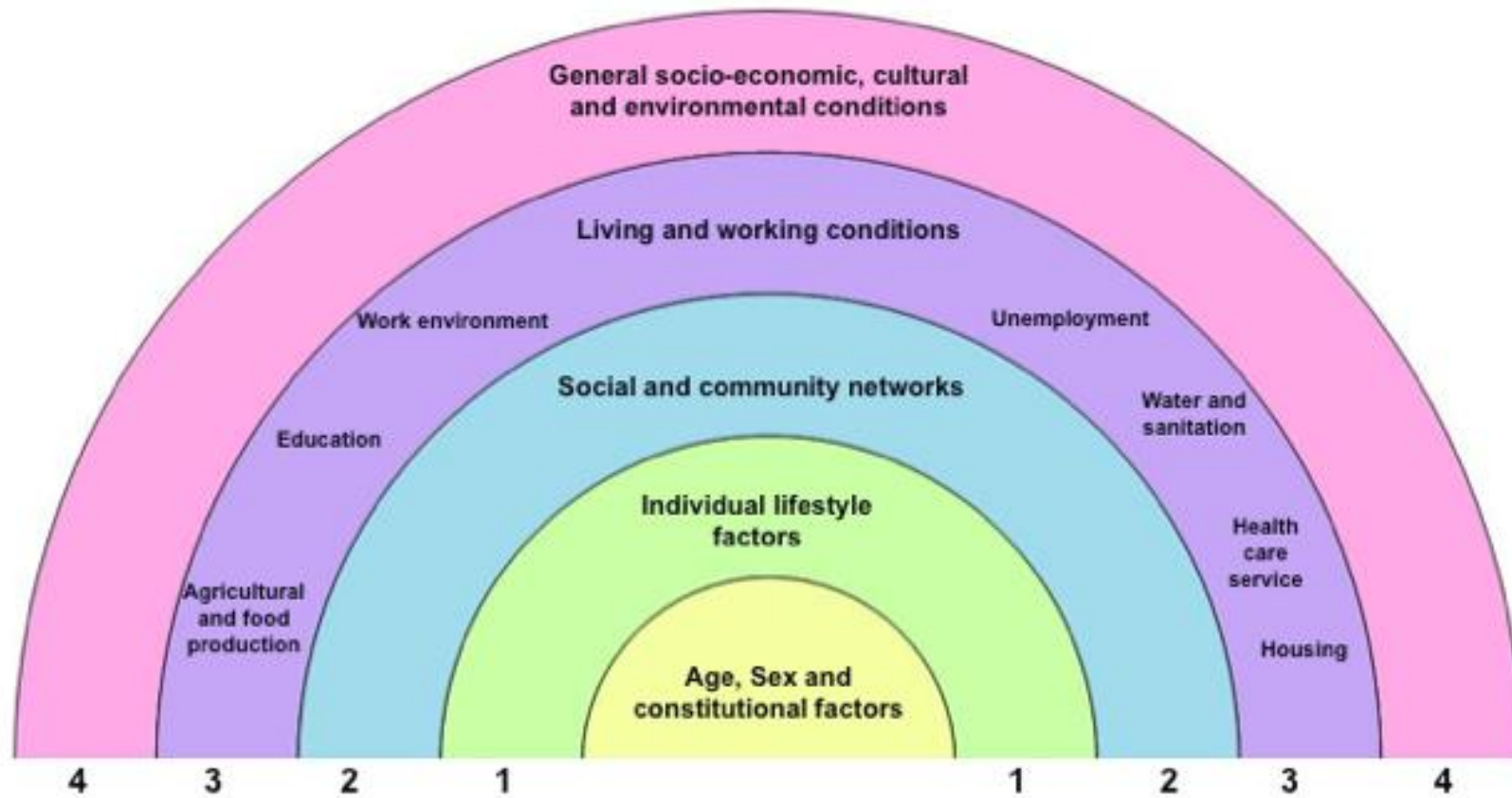
Health is “a physiological and a psychological state but it is also fundamentally a social state” (Jones, 1994, p. 1)

Social processes have an impact on our health and well-being (Nettleton, 2006)

These include race, class and gender

Therefore, health is socially constructed as “it is defined in relation to the social context in which it occurs” (Thompson, 2011, p. 121)

Social Determinants of Health



Dahlgren & Whitehead 1991 Policies and strategies to promote social equity in health. Stockholm: Institute of Future Studies.



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who cares about a smear test or
hypertension if you can't pay the rent
or have no school uniforms?

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(Neilson, 2020, p. 4)

World Health
Organisation's
Commission on
Social
Determinants of
Health (2008)

- “Social justice is a matter of life and death” (p. ii)
- **“The conditions in which people live and die are, in turn, shaped by political, social, and economic forces” (p. ii)**

WHO'S Recommendations

Three principles of action:

1. **Improve the conditions of daily life** – the circumstances in which people are born, grow, live, work, and age.
2. **Tackle the inequitable distribution of power, money, and resources** – the structural drivers of those conditions of daily life – globally, nationally, and locally.
3. **Measure** the problem, **evaluate** action, **expand** the knowledge base, **develop** a workforce that is trained in the social determinants of health, and **raise public awareness** about the social determinants of health.

Marmot Review (2010)

- A review of health inequalities in England
- 'Reducing health inequalities is a matter of fairness and social justice' (p. 15)
- 'There is a social gradient in health – the lower a person's social position, the worse his or her health' (p. 15)
- 'To reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage' (p. 15)
- 'Economic growth is not the most important measure of our country's success. The fair distribution of health, well-being and sustainability are important social goals' (p. 15)
- 'Dramatic health inequalities are still a dominant feature of health in England across all regions' (p. 35)

Marmot Review (2010) recommendations

Reducing health inequalities will require action on six policy objectives:

1. Give every child the best start in life
2. Enable all children young people and adults to maximise their capabilities and have control over their lives
3. Create fair employment and good work for all
4. Ensure healthy standard of living for all
5. Create and develop healthy and sustainable places and communities
6. Strengthen the role and impact of ill health prevention

Marmot Review – ten years on

‘Since 2010 life expectancy in England has stalled; this has not happened since at least 1900. If health has stopped improving, it is a sign that society has stopped improving’ (p. 3)

- Life expectancy for women fell in the most deprived areas
- Differences within and between regions increased
- Mortality rates increased for those ages 45-49
- Funding cuts have affected social determinants all over England but especially outside of London/South East
- The national government has not prioritised health inequalities

(Institute of Health Equity, 2020, p.3)

Things Fall Apart: the British Health Crisis 2010–2020 (Hiam, Dorling and McKee, 2020)

- Since 2010, ‘successive UK governments have clearly failed’ to protect the population from disease (p. 9)
- ‘Infant mortality has risen overall (most markedly in England and Wales)’ (p. 2)
- ‘Life expectancy fell everywhere in 2015 and appears now to have stalled’ (p. 2)
- ‘Health inequalities have widened’ (p. 2)
- ‘Access to healthcare has worsened’ (p. 2)
- ‘Deteriorating health is often the first sign of an impending societal and political crisis’ (p. 9)

Health Inequality and mortality in Wales

- Male and female life expectancy has only increased by 0.2 years and 0.1 years respectively since 2010-12 (Public Health Wales, 2020)
- Prior to this, the increases had been 2.6 years and 2 years respectively between 2001-03 and 2010-12 (Public Health Wales, 2020)
- The gap in mortality rates between deprivation quintiles have slightly widened in recent years (Public Health Wales, 2020)
- The report 'highlights the age groups and causes of death that have contributed to this stagnation over time, whilst also exploring their contribution to the increasing inequality gap between areas of deprivation' (Public Health Wales, 2020)

Public Health Wales: The Wider Determinants of Health Unit

- The Wider Determinants of Health Unit was established in 2019 as part of the Health and Wellbeing Directorate.
- Wider Determinants of Health: The social, economic and environmental factors that affect our health and well-being.
- These factors drive differences, or inequalities, in health and well-being between groups of people. They include:
 - money and resources
 - our level of education and skills
 - availability of fair work
 - the quality and security of our housing
 - our surroundings
- The Well-being of Future Generations Act (2015) provides a common framework for addressing the wider determinants of health.

Race and Covid

- In England that the mortality rates were higher for people of colour in comparison to white people (Public Health England, 2020).
- The reason given was 'historic racism and poorer experiences of healthcare or at work' (Public Health England, 2020, p. 5).
- The Welsh Government found that people of colour were more likely to contract and die from Covid-19, due to 'socio-economic and environmental factors' and racial inequality (Welsh Government, 2020a, p. 2).

'the coronavirus pandemic is, in some respects, revealing the consequences of such inaction on race equality' in Wales (Welsh Government, 2020a, p. 2).

4 News

Covid and inequality in the UK



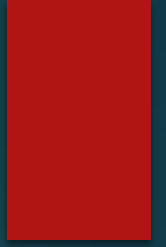
Sociological definitions of 'health'

- ▶ Sociologists distinguish between disease and illness
 - ▶ Disease: biological or clinically defined abnormality
 - ▶ Illness: a person's subjective experience of being unwell
 - ▶ Sickness: the social and functional consequences which follow disease or illness
(Miles, 1991, p. 3)
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- ▶ However, this definition may overemphasise the biological over the socio-political (Thompson, 2011, p. 123)



Structural Functionalism

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- Functionalists believe that society needs to work cohesively (value consensus)
 - Sickness can disrupt that cohesion
 - Talcott Parson's 'Sick Role' is the central theory to Functionalism's understanding of health
 - The 'Sick Role': an unwell person must understand that their sickness is undesirable and do everything they can to get better (e.g., seek medical advice/treatment)
 - The sick person shouldn't be blamed and should be supported but the sick person must want to get better and take steps to get well
 - The sickness must symptoms correspond with a diagnosis recognised by others (particularly doctors)
 - Parsons (1951) saw illness as a form deviance
 - It stops society functioning as it should, like crime
 - Therefore, illness needs to be controlled in some way



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“Therefore, like crime and any other form of deviance, illness needed to be controlled in some way, and the deviant helped or forced into performing their social role once again”

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(HARALAMBOS AND HOLBORN, 2013, P. 303)



Criticisms of Parsons

- People often reject the 'sick role' – soldiering on regardless
 - Avoiding because of negative label
 - The sick are not merely passive
 - They negotiate with the doctor
- The sick ARE often blamed for their sickness
 - Think of obesity, lung cancer, HIV/AIDS etc
 - Many illnesses are seen to be the fault of the sick
 - Chalfont and Kurtz (1971)
 - Alcoholism seen as an illegitimate illness as the 'sufferer' has 'brought it on themselves'
- Chronic illness
 - Parsons' analysis fits with temporary illness (acute) rather than with long term illness (chronic)
 - Person with diabetes is not exempt from everyday responsibilities but is expected to do what they can



Conflict Theory (Marxism)

Conflict Theory and Health

- ▶ Medicine is used to 'define normality, punish deviance and maintain social order' (Haralombos and Holborn, 2013, p. 305)
- ▶ Navarro (1986) believes capitalism benefits from medicine in 3 ways:
 1. Medicine keeps people healthy to contribute to the economy. Definitions of health are linked to the ability to produce goods. Healthy = productive, unhealthy = unable to produce wealth
 2. Masks structural influences on health (social class/gender/ethnicity). Illness seen as bad luck/blamed on the individual
 3. Medicine emphasises biomedical reasons for illness and use drugs treatments which is profitable



Sajid Javid calls for patients to pay for GP and A&E visits

Radical reforms needed to tackle waiting times, says former health secretary





Feminism

Feminism: Period Poverty in the UK

- ▶ One in ten girls (10 per cent) have been unable to afford sanitary wear
- ▶ One in seven girls (15 per cent) have struggled to afford sanitary wear
- ▶ One in seven girls (14 per cent) have had to ask to borrow sanitary wear from a friend due to affordability issues
- ▶ More than one in ten girls (12 per cent) has had to improvise sanitary wear due to affordability issues
- ▶ One in five (19%) of girls have changed to a less suitable sanitary product due to cost

(Plan International UK, 2017)





Period Poverty in Wales

- The Welsh Government has committed more than £3.3m to tackle period poverty in communities and promoting period dignity in schools and colleges across Wales
- Each local authority will be allocated part of a £220,000 fund to help them provide free period products to women and girls who may otherwise be unable to afford them
- These will be available in community-based locations such as libraries and hubs.

(Royal College of Nursing, 2021)

'Top Tips' for working in areas of deprivation

1. Look for the story behind the story – not just the presenting problem
2. Build trust – this may take time
3. Work in partnership – e.g., find the local debt centre/food bank/local charities
4. Power of social contact – get patients to make friends e.g., offer coffee mornings
5. Look after the invisible – who hasn't been seen?
6. Connect with other professionals – e.g., headteachers/PCSO/housing officer
7. Bend mainstream services to meet your patients needs – find out what additional services can offer
8. Be the best doctor you can be – continue learning/build relationships with consultants/accept patients may DNA
9. Remember your patients are expert survivalists – praise the good/celebrate changes however small
10. Have a holiday / take a break / have a laugh – keep yourself and your team well

(Neilson, 2020, pp. 5-6)



Final thoughts...

‘The big idea is that what matters in determining mortality and health in a society is less the overall wealth of that society and more how evenly wealth is distributed. The more equally wealth is distributed the better the health of that society’

(British Medical Journal, 1996 cited in Wilkinson and Pickett, 2010, p. 81)

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