HEALTH INEQUALITIES

07

FACTSHEET

What are Health Inequalities?

"Poor social and economic circumstances affect health throughout life. People further down the social ladder usually run at least twice the risk of serious illness or premature death as those near the top" (Wilkinson and Marmot 2003: 10)

The term health inequality is used in research and policy documents to refer to unfair or unjust nature of health differences between social groups, brought about by social conditions.

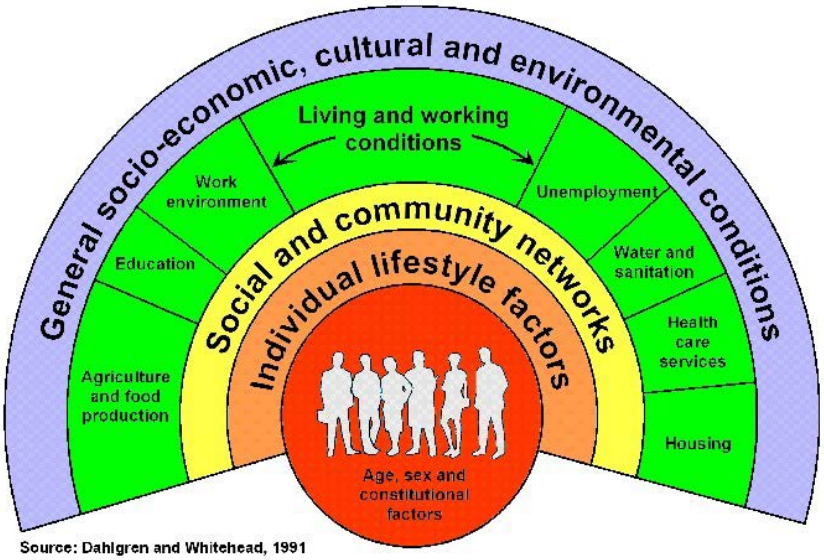
Inequality or inequity?

The term health inequity is often used interchangeably with inequalities and "health equity is the concept underlying a commitment to reducing health inequalities" (Braveman, 2010). However the terms health inequity or equity are more value lead, highlighting the subtle difference between inequalities which are not socially produced and avoidable, therefore inequitable.

What causes health inequalities?

Health is known to be affected by a broad range of factors which have become known as the wider determinants of health. These include living and working conditions, community and family networks, social economic conditions and environmental factors both at a local, national and international level. The effects of insecurity, anxiety and social isolation also impact on health.

" The social conditions in which people live and work can help create or destroy their health. Lack of income, inappropriate housing, unsafe workplaces and lack of access to health care systems are some of the social determinants of health leading to inequalities "(WHO, 2004)



Source: Dahlgren and Whitehead, 1991

The causes are interrelated and accumulative. This is: if a person experiences one inequality they are at an increased risk of experiencing others. The effects on health accumulate – the longer people live in stressful economic and social circumstances, the greater their toll on health is likely to be and the impact is that they are less likely to enjoy good health in older years.

The social gradient

There is also a clear social gradient in health whereby health generally improves with each step up the income ladder. While socioeconomic status is a well researched and recognised contributing factor to inequalities there are other factors which contribute, such as religion, ethnicity and gender. These factors are often interrelated and interdependent.

Why should we reduce health inequalities?

- **Health inequalities are unfair and unjust**
- **Inequalities affect everyone**
- **Interventions to reduce health inequalities are cost effective**
- **Inequalities are avoidable**

(Woodward & Kawachi,2000)

"Reducing health inequalities is a matter of fairness and social justice."
(Fair Society Health Lives, 2010)

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Tackling health inequalities

Understanding and tackling health inequalities has become an increasing priority across the globe over the past decades "and we can not expect to reduce them without a powerful, sustained and systematic effort" (Mackenbach et al, 2002)

A Policy attack on health inequalities can be direct or indirect. Examples of direct polices are those aimed at reducing smoking and alcohol consumption. While indirect policies are those which are aimed at the social determinants such as some of the housing and educational policies.

In the report "Fair Society, Healthy Lives" 6 policy objectives were outlined with the aim of reducing health inequalities.

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

To create conditions that are conducive to health, government departments need to work together to champion public health and equity. They also need to work in partnership with other sectors such as the community, voluntary and private sector and local people. Governments must work strategically to continue to tackle the issues of poverty, inequality and social exclusion; providing suitable, accessible health and public services to all and developing interventions to reduce them.

Tackling health inequalities is more than working to improve overall health outcomes through addressing the determinants of health.

"Tackling the determinants of health inequalities is about tackling the unequal distribution of health determinants" (Graham & Kelly, 2004)

Proportionate Universalism

This is a concept which The Marmot Review has introduced and advocates.

"Focusing solely on the most disadvantaged will not reduce health inequalities sufficiently. 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."
(Fair Society Health Lives, 2010)

They believe this approach needs to be introduced into policy in order to effectively address health inequalities.

"This unequal distribution of health damaging experience is not in any sense a natural phenomenon but is the result of a toxic combination of poor social policies and programmes, unfair economic arrangements and bad politics" (WHO, 2008)

Community development and health inequalities:

Community development and the health equity movement are guided by the principles of social justice and equality.

Community development upholds the values and principles of social justice, equality, empowerment, collective action and working and learning together, and it is through these values and approaches that communities are able to address health inequalities. Community development is therefore a natural tool in the fight to reduce health inequalities.

The empowerment of communities and partnership working between communities, government and statutory agencies is vital. Partnership with aid the development of policies and practices which are applicable to the issues faced by the community. "Community participation is described as essential in order to ensure that real needs are being met and that decision reached are acceptable to local communities...conversely, lack of community involvement and ownership is frequently identified as a major flaw in local strategies to improve health" (Institute of Public Health, 2007)

CDHN & Tackling Health Inequalities

CDHN's vision is to work towards ending health inequalities using a community development approach. We work to achieve this by networking, influencing policy and campaigning. CDHN's core projects BCPP and Pathways to Health seek to practically demonstrate how community development address health inequality.

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