

"Inequality, rather than want, is the cause of trouble"

Jon Abrams, Redbridge Concern for Mental Health

A Chinese saying, "Inequality, rather than want, is the cause of trouble", sprung to mind last week when I was listening to a radio programme about how our chances in life are affected by a range of different factors, such as: family background, where we are born and ethnicity. None of us have control over these yet they play a significant part in our lives. For instance, in the Scottish city of Glasgow, people living in the most deprived districts have life expectancy 12 years shorter than those living in the best-off areas.¹

Poor health, however, is not confined to those in poverty. It affects us all. A number of studies have demonstrated that it is not simply poor health for the disadvantaged and good health for everyone else. Nonetheless, it is important to remember that people who are better off have better health than those below them.

It was with this in mind that I read the Report, *Choosing Health in Redbridge – Community Engagement*. I attended the conference and it was an informative event with a lot of useful discussions and great ideas. As Ross Diamond pointed out in last month's Community newsletter it "represents an excellent basis for engagement between ourselves and the local NHS". There is a lot of great work going on and the promises to and from the community are important components in tackling poor health in Redbridge.

However, what I am concerned about is that there has been a tendency to focus on individual behaviours grouped under the term lifestyles. The Whitehall Studies conducted over 30 years following 18,000 men clearly demonstrates that inequalities in health cannot be divorced from inequalities in society. Indeed, similar studies have been replicated across North America and much of Europe and as Professor Marmot points out: "The inescapable conclusion is that to address inequalities in health it is necessary both to understand how social organisation affects health and to find ways to improve the conditions in which people work and live."²

I want to make myself clear. Yes, it is very important that as individuals and a community we take steps to tackle well-known risk factors for heart disease such as smoking, exercise and diet. However, the evidence has established that directly tackling particular health behaviours is only part of the answer. There are a range of other factors that influence health in particular: the way work is organised, influences from early life, and social influences outside work.

Let's, for example, take smoking. Alarmingly, over 55 per cent of single mothers on welfare benefits smoke, smoking an average of about five packs a week. Well, it is almost impossible nowadays to ignore the health warnings on cigarette packets so it is difficult to argue that it is a case of being ignorant of the potential consequences. So why do people lower down the social scale pay less attention to them? Hilary Graham

¹ Social Determinants of health, Second Edition, Edited by Michael Marmot and Richard G. Wilkinson

² Work, Stress, Health, The Whitehall II Study, can be downloaded at:
<http://www.ucl.ac.uk/whitehallIII/Whitehallbooklet.pdf>

has done careful studies of women on low income³ and points out that “almost every penny that these women spend is for someone else, for the household, the children, the boyfriend. The only personal expenditure they allow themselves is cigarettes. Without that indulgence, the whole life would be about keeping it together for others.” What this suggests is that a successful campaign at reducing poor health has to include addressing underlying social conditions, in particular: poor housing, employment, schools, open spaces and crime.

It is well documented that exercise is good for health in many respects. Well, our office is based in Loxford, on Ilford Lane. I’ve been cycling in London for over 30 years. Ilford Lane, however, is not a friendly road for cyclists or pedestrians (like much of London). It is all very well to exhort people to take more exercise but the social environment i.e. the roads, pavements and pollution from cars is unpleasant. This is undoubtedly a factor (one of many) as to why people are less likely to walk or use a bicycle. There needs to be an approach that emphasis ‘healthy’ streets that encourage pedestrians and cyclists back on to the roads and pavements.

People do profoundly differ. But what I’m arguing for is not the elimination of individual inequalities but a greater recognition that the social and economic structure of a population shapes its health. Moreover, to quote RH Tawney, “it is a mark of a civilised society” to tackle head on those factors that have their roots in social organisation. The good news is that changes in policies aimed at reducing social and economic inequality do make a difference and improve health and well-being. It is important, therefore, that Redbridge challenges and engages with local government and the local NHS to ensure that the quality and length of everyone’s lives is improved.

³ Hardship and Health in Women’s Lives, H Graham, 1993, quoted in Status Syndrome, How Our Social Standing Directly Affects Your Health And Life Expectancy, Michael Marmot