HEALTH INEQUALITIES
FACT SHEET

Community Development & Health Network
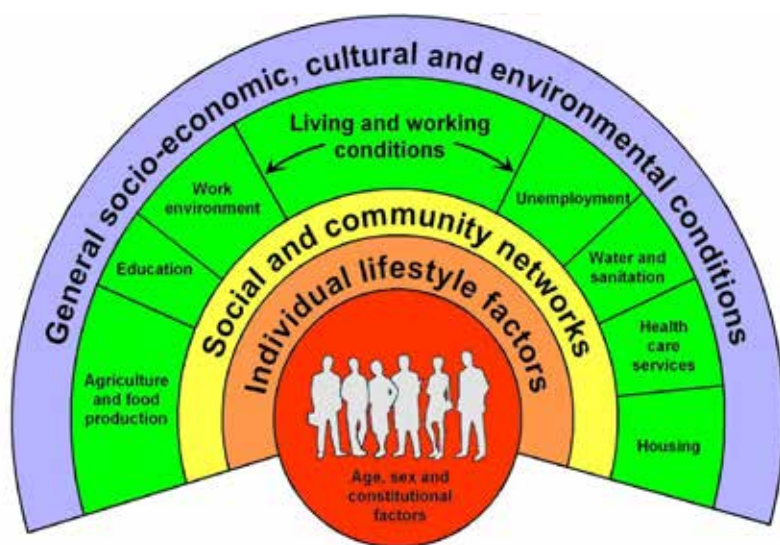

Source: Dahlgren and Whitehead, 1991

WHAT DO WE MEAN BY HEALTH?

Health is a very broad term that can be understood in different ways by different people. That is because health is a deeply personal concept. Everyone experiences it in different ways at different stages during their life. To some, health will be getting to see a GP or a visit to the hospital. For others it will be having a supportive community around them. It is physical, mental, emotional, social, environmental and even spiritual. When we think about health, it is important to understand it holistically.

WHAT ARE HEALTH INEQUALITIES?

" Health inequalities are the unfair and avoidable differences in the health of people in our society. They are the result of imbalances of power, wealth and resources and are produced and shaped by factors such as quality of housing, educational attainment, employment opportunities, physical environment, access to services and level of social connections known as the social determinants.

2018; Expansion of Community Development; Public Health Agency

Health inequalities is a term used by researchers and policy makers to refer to the unfair nature of health differences between social groups, brought about by the conditions they are born and live in. They are avoidable as these differences do not happen randomly but rather are determined by social factors largely out of an individual's control.

WHAT CAUSES HEALTH INEQUALITIES?

Health is known to be affected by a broad range of factors. These include living and working conditions, community and family networks, social and economic conditions and environmental factors (see Rainbow Diagram above). These are called the Social Determinants of Health (SDOH). These SDOH are influenced at a local, national and international level and clearly go beyond the ability of any individual to control. The evidence is clear and growing. Issues such as stress, social isolation and a lack of control can all impact on a person's health.

When it comes to health inequalities, nothing can be looked at in isolation. Root causes are both interconnected and accumulative.

Interconnected: Living and working conditions are influenced by education and community networks. These, in turn, are influenced by family income and neighbourhood. If a person experiences one inequality then they are at greater risk of experiencing others.

Accumulative: The longer people live in stressful situations where they feel out of control, the greater the toll on health is likely to be.

" Based on factors often outside their direct control, people experience systematic, unfair and avoidable differences in their health, the care they receive and the opportunities they have to lead healthy lives. Health inequalities are not inevitable and the gaps are not fixed.

2020; What are Health Inequalities; The Kings Fund

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WHAT DO THEY LOOK LIKE DURING COVID-19?

COVID-19 Coronavirus

The lower a person's income, the poorer their health is likely to be. This is called the social gradient.

COVID-19 deaths and the social gradient - The current coronavirus is laying the social gradient bare. According to the Office for National Statistics, there have been over twice as many deaths per 100,000 in the most deprived areas (55.1) when compared with the least deprived (25.3).[1]

Although research to explain this is still at an early stage, initial findings are revealing a social gradient in COVID-19 deaths; that the greater the deprivation, the greater the risk of being exposed to the virus. This makes sense. It is much more difficult to socially distance if you live in over-crowded accommodation or work in a lower-paid job where it is impossible to work from home. Statistics also show that co-morbidities[2] are higher

in disadvantaged areas. Such factors increase the risk of COVID-19 to more disadvantaged, low-income households.

Lockdown and the widening Health Inequalities gap - While the effects of the coronavirus make the current health inequalities in our society more visible, the lockdown measures are causing the gap to widen (please see Poverty Fact Sheet).

AGE	AREA	DEPRIVATION
Over 65s had an infection rate three times higher than those 65 and under	People living in urban areas had an infection rate nearly twice as high as people in rural areas	The most deprived areas had the highest infection rate (40% higher than NI average), the highest hospitalisation and death rate.

REDUCING HEALTH INEQUALITIES

> *Reducing health inequalities is a matter of fairness and social justice.* Fair Society Healthy Lives, 2010.

Why should we reduce health inequalities?

• Health inequalities are a matter of social justice. They are avoidable and could be reduced by the right mix of government policies (World Health Organisation; 2017)

• Interventions to reduce health inequalities are cost-effective. Health problems are prevented from occurring saving the NHS money on expensive and long-term treatments.

CDHN carried out 'What Works?' research with members and communities to find out what practical actions have helped reduce health inequalities. A follow-up report outlined these four themes:

1) Build and maintain connections and partnerships

2) Facilitate learning: Build skills for individuals and group to understand the factors that lie behind health inequalities.

3) Longer term funding: long-term, strategic action will see reductions in Health Inequalities.

4) Redress power imbalances

Underpinning all these conclusions was a recognition that community development approaches naturally lead to a reduction in health inequalities. With the principles of social justice, equality and collective actions at the core, more empowered communities are enabled to use their local knowledge in partnership with government and other statutory agencies to identify and meet need. Please see the Fact Sheet on Community Development.

DISCOVER YOUR ROLE

Health inequalities are unfair and avoidable. Because of this, we all have a role in reducing health inequalities. Some ideas for action are below:

1. Listen and understand: Actively listen to people's lived experiences. Check your own assumptions and unconscious bias. Seek to understand that everyone has a rationale to their decision making.

2. Pause and reflect: Take time out to reflect on your learning. Think about the health inequalities in your own community.

3. Reach out and be active: Volunteer your skills and time to a local cause.

4. Join the Dots: Use your tacit knowledge to identify people at risk of slipping through the net and partner with other people and organisations to help.

5. Influence and inspire: Advocate for action on issues that are affecting people's lives and share your knowledge with others.

1. one.gov.uk - Deaths involving COVID-19 by local area and socioeconomic deprivation: deaths occurring between 1 March and 17 April 2020
2. Co-morbities are the presence of more than one illness or disease occurring in one person at the same time.