



Health in London

Review of the London Health Strategy high level indicators

- 2004 update
- focus on the health of London's Black and minority ethnic communities

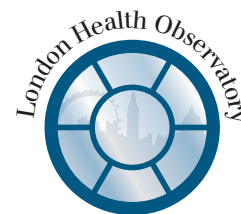
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Editorial notes

1. Race and ethnicity and disability stand out as areas where there is much debate about terminology and about whether any terms or categories, including those used in official statistics (e.g. 'non-White'), can claim to be accurate, appropriate, sensitive or value free. We can only touch on the existence of this debate here. No single term is entirely adequate and none will serve all purposes, as most commentators observe. Clearly, however, some choice of terms has to be made – for example, in citing official statistics. Accordingly, a range of 'umbrella' terms is used in this publication.

2. Percentages in some tables may not add up to a precise 100 per cent total. This is because of rounding up or down.

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Foreword

This is the third *Health in London* report offering important insights into patterns of health between boroughs and communities and across London as a whole. The previous reports have been useful to a wide range of people and agencies working for change at local, regional and national level. This year's update has again been made possible by partnership working between the London Health Commission, Greater London Authority and the London Health Observatory.

Like the previous reports, this one brings together information about Londoners' experience of some key aspects of life that affect health – for better and for worse. The report describes aspects of the continuing contrast between the experience and well-being of those who benefit from the opportunities and wealth available in the capital, and those who are not able to enjoy the same benefits of living in London. It highlights the two-fold challenge we face:

- to gain a better understanding of existing inequalities and to tackle them more effectively
- to work together to ensure that growth over coming years does not result in an even greater divide between those best and worst off.



The 2001 census has provided us with better information than we have ever had before about London's diverse black and minority ethnic and faith communities. We need to make full use of this rich source of data to work towards a better understanding of emerging health needs amongst different communities. And we need to make sure that information which can help us to understand health issues and take action is gathered and evaluated on a routine basis. For example, we should all be working towards a better understanding of the needs, perceptions and experiences of all the communities which make up our population. This includes substantial numbers of people from mixed race heritage as well as increasing numbers of communities who have become part of London relatively recently.

We need to use the new census data, reports such as this, and all other sources of information on London's needs and strengths to plan, commission and deliver ever more accessible and appropriate services. For too many people, this report shows that the London experience is about living with persistent inequality in access to services and in the range of opportunities available. Collective will and collective action are needed to tackle this problem. Professional and technical expertise needs to be brought together with community expertise to identify how inequalities can be reduced and the work to achieve this can be shared.

I am committed to continuing to work in partnership to understand and learn from the diverse range of communities in London and to support and learn from those working to deliver better services across the capital to all Londoners.

A handwritten signature in black ink that reads "Ken Livingstone". The signature is written in a cursive style.

Ken Livingstone
Mayor of London

