

Section 4

Focus on inequalities in health

In this section ...

- ▶ the concept of 'inequalities in health' is examined
- ▶ the reality of these inequalities in London is explored.

What is meant by inequality in health?

What does the report reveal about patterns of inequalities in health? Importantly too, which inequalities lie beyond its scope?

Broadly speaking, there are three types of inequality in health:

- ▶ inequality in access to health care (for example, refugees in London often have difficulty in obtaining primary health care)
- ▶ inequalities in health/health outcomes (for example, there are six years' difference in average life expectancy at birth between the boroughs in London)
- ▶ inequalities in the determinants of health (for example, in education, employment or housing).

The high-level indicators that are the subject of this report focus strongly on health outcomes and health determinants. The reason for this is that, as discussed earlier, most health is gained or lost outside the sphere of influence of the health service. That said, however, as one of London's biggest employment sectors, the health and social services have a huge potential contribution to make to many of the key determinants of health.

Dimensions of inequality

As the report makes clear, different groups and categories of people have very different experiences of the determinants of health. These different experiences can have an effect on health. Some of the groups and categories involved are well known – in particular, gender, class, ethnic group, age and geographical area. Others might be less obvious – such as disability, single parenthood, quality of school, age of housing stock, type of road user.

Inequalities can become entrenched when these categories overlap (for example, in a combination of ethnic group, age, area). In these circumstances, there can be a 'snowballing' effect where it is unclear exactly how the determinants are related to each other – but it is clear that the combined negative impact is strong. Some factors, like age, are dynamic; people do not necessarily stay in poverty – they can move in and out of it.

The report attempts to deepen understanding of many of these dimensions in London – though by no means all. An overview follows here.

Gender

Women fare better than men on the unemployment and education indicators. There are no indicators in this report on which men do better. This may not have much significance, because the report is very selective. Men, for example, have higher incomes, more

occupational status, and apparently suffer less from fear of crime (or perhaps they are less likely to admit it); they may also be less likely to experience the effects of unfit housing, since on the whole, they spend less time at home.

The education gap requires investigation and remedial action. If British cultural factors play a part, as many people believe, the problem will not easily be righted.

Female life expectancy at birth in London is much greater than male life expectancy at birth. This has also been found to be true for remaining life expectancy once the age of 65 has been reached (and the relative difference between the sexes is greater at age 65).

Ethnic group

Non-white groups fare worse on all the indicators for which data are available – unemployment, education, burglary, unfit housing and road casualties. For the first of these, reliable London data are to hand; for the other four, the figures are national. Unfit housing information is not published on its own; it forms part of the 'poor housing' conditions in the English House Condition Survey 1996 (DETR 1998).

The gap between white and non-white is wide for all these determinants, though less so for burglary. People from ethnic minorities can also suffer from racially motivated crimes.

More significant than the broad category of 'ethnic group' are the experiences of particular groups. For example:

- ▶ Indian people are approaching white people in unemployment rates and housing standards; in GCSEs, they perform better.
- ▶ Black Caribbean people are intermediate in terms of unemployment, housing standards and education.
- ▶ Pakistani people have high levels of unemployment and tend to live in poor-quality terraced housing.

In several ways, Bangladeshi people are the most deprived of all the ethnic groups, with very high levels of unemployment, the worst housing conditions and (along with Pakistanis) the least educational success. This has been a persistent issue throughout the last decade.

There may be a connection with health. In the 1991 Census, Bangladeshis had the highest rate of limiting long-term illness, among adults aged 18–69. This suggests that there may be a strong case for remedial action aimed specifically at the Bangladeshi community.

The study of infant mortality rates and life expectancy by ethnic group is problematic. To calculate this effectively, the recording of ethnicity on birth and death certificates is required. Some information is

available on infant mortality rates by mother's country of birth. Babies born to mothers who were born outside England and Wales had high infant mortality rates, particularly babies whose mothers were born in the Caribbean.

Social class

Lower occupational status is closely related to unemployment, lower educational achievement of children, and higher child road casualties. Low income is associated with burglaries. Social class (broadly defined by occupational status) is almost certainly related to housing fitness and air quality, although precise information for London is not currently available.

Social class is also strongly related to health. Although it is often difficult to distinguish the effects of class from other dimensions of inequality, each factor has a separate effect. The overlay of ethnic minority background with lower social class tends to compound inequalities.

In England and Wales, there is a close connection between social class and life expectancy, particularly among men, although recent figures suggest that the gap is narrowing (ONS 2001c). In addition, babies born to fathers in the manual social classes are at greater risk of infant death than those born to fathers in the non-manual classes.

Age

Age is a major element in health inequality, for two reasons.

- 1 Physical and mental factors: certain age groups are particularly vulnerable to diseases or accidents. For example, old people and young children suffer most from the effects of poor air quality. Children, with their relative lack of traffic sense, are particularly at risk of pedestrian road accidents.
- 2 Socioeconomic factors: people's living conditions change as they move through the life cycle. Deprivation is not a static phenomenon; people move in and out of it. The most vulnerable groups are elderly people and young adults. For example:
 - ▶ The 16–19 age group has a very high unemployment rate, a fact which is picked up by the Labour Force Survey but not by the claimant count. The second-highest rate of unemployment is found among adults aged 20–24.
 - ▶ Young households, where the oldest member is 16–24, are far more likely to live in poor housing; they are followed by households with a member aged 75 or over.
 - ▶ Young households are a high-risk group for burglary.

Young adults tend to start low down on the income and housing ladder and look forward to a peak

standard of living in middle age. In old age, living standards tend to fall again. Whereas young adults are physically robust, old people are less able to withstand the physical effects of poor living conditions.

The effects of age may be compounded by those of ethnicity and social class. An example is the high unemployment rate of young black and Asian people. The health of ethnic elders is a phenomenon of growing importance, as the number of ethnic minority pensioners rises. This will be an important issue for Bangladeshis, who currently have a relatively young age profile.

The high unemployment and low educational attainment of young working-class men, especially in social classes IV and V, may have health implications, particularly if it leads to homelessness.

Geographical area

On each of the ten health indicators, London boroughs show a very wide range (see Table 10). The smallest range in proportional terms is educational levels (Redbridge pupils are more than twice as successful as Islington pupils); for unfit housing, there is a more than eightfold difference between Sutton and Haringey. A characteristic of the capital is that although it has some of the most affluent areas in the country, it also has some of the most deprived.

Broadly speaking, boroughs that fare badly on one indicator also fare badly on others. For example, someone living in Lambeth is five times as likely to be unemployed as a resident of Sutton, nearly four times as likely to live in unfit housing, four times as likely to be burgled and nearly twice as likely to be a road casualty; the children's success at GCSEs is little over half that of their contemporaries in Sutton.

In general, Inner London fares worse than Outer London, but for some purposes, a classification based on deprivation indices is to be preferred to this purely geographic one; for example, Kensington and Chelsea is a relatively affluent borough near the centre, with low unemployment and high educational achievement, but also a large amount of old, unfit dwelling stock and a high risk of burglary. Outer London Greenwich generally fares badly on the health determinants. The figures for Kensington and Chelsea show that a borough can rank high on some indicators but low on others.

The selected indicators show a considerable degree of overlap but also some independent variation; this suggests that they have some validity. Figures that 'buck the trend' may sometimes be related to the quality of service provision.

Variations in infant mortality and life expectancy by borough have been shown to be related to the level of deprivation in the area, with more deprived areas generally showing the poorest health (Figures 4 and 5). This is more marked for life expectancy than for infant mortality. It should be noted that while many boroughs

Table 10 The ten indicators: summary of area comparisons

Indicator	Range		London average	National average
Unemployment rate – claimant count, October 2001 *	1.7 % Sutton, Richmond	11.6% Tower Hamlets	4.5%	3.3% (Great Britain)
5 GCSEs A*–C, 2001	63% Redbridge	26.7% Islington	45%	47% (England)
Unfit housing, HIP data, 1999–2000	2.2% Sutton	17.9% Haringey	7.7%	Not available, but thought to be lower
Burglary rate per 1000 residents, police records 2000–2001	3.9 Havering	17.2 Lambeth	9.5	7.7 (England and Wales)
Road casualty rate per 1000 residents, year 2000	3.6 Harrow	12.7 Westminster	6.3	5.5 (Great Britain)
Male life expectancy, years 1997–1999	77.6 Westminster	71.9 Newham	75.1	75.2 (England)
Female life expectancy, years 1997–1999	82.5 Westminster	78.5 Newham	80.4	80.1 (England)
Infant mortality rate – deaths per 1000 live births, 1993–1998	3.6 Bexley	8.9 Hackney	6.1	6.0 (England and Wales)
Self-assessed health status, good	No borough -level data	No borough -level data	67%	Not comparable

* The figures are residence-based, provided by GLA. They differ from the government figures, which are based on the local workforce.
Note: Borough figures would not be meaningful for air quality, but Figures 2 and 3 show the distribution of pollutants.

are showing the 'worst' health for both infant mortality and life expectancy, there are important differences in the inequality maps presented for these indicators (see Maps 8, 9 and 12). The differences appear to be greater in Outer London where many boroughs are showing high levels of infant mortality but average or good life expectancy, or vice versa in the case of Barking and Dagenham. Local action will need to reflect these differences.

The nature of the area in which people spend time is important in specifics as well as on the broad scale. The quality of the built environment has significant effects on the quality of people's lives. Graffiti and rubbish, for instance, are associated with crime and unfit housing.

This discussion leads on to the other, possibly less obvious, dimensions of inequality mentioned earlier, including disability, single parenthood, quality of school, age of housing stock, and type of road user. What does the report tell us about how Londoners fare along dimensions of this kind?

Disability

The health and well-being of disabled people are affected by the same range of influences that were described in the introduction to the report. The importance of different influences may differ markedly, however. For example, accessibility – of services and of different aspects of the environment – is key to the quality of life of most disabled people.

There has been shown to be a close connection between disability and socioeconomic factors, like employment, income, and educational success. Although individuals are able to reach the top, others may be caught in a vicious cycle, where poor housing conditions, for example, affect health adversely.

The high-level indicators that are the subject of this report give comparatively little information about changes in the health and well-being of disabled people. This is because the indicators are themselves based on information that is relatively easily available – and there is a lack of good-quality information on how different factors affect the health and well-being

of disabled people. For this reason, a key recommendation from this report (see page 3) is that action should be taken to improve the quality and extend the coverage of information of this kind.

Single parent status

Single parent status is a significant disadvantage in some respects; for example, it is associated with higher infant mortality, a higher risk of burglary and (in international research) with higher road casualty rates among children.

Potential for local action

Discussion of the individual indicators in Section 3 showed clearly that different groups of Londoners may experience different areas of life in quite different ways. This means that policy interventions can sometimes be planned to offset adverse effects for specific groups.

For example:

- ▶ High-quality schooling is likely to have a strong effect on the educational success of ethnic groups.
- ▶ Security measures have reduced the risks of burglary.
- ▶ Old housing stock, particularly pre-1919, is more likely to be unfit. Registered social landlord tenure is rarely in unfit housing, yet people in this tenure are often from groups at a disadvantage; this is an example of the remedial effects of services.
- ▶ Some types of London road user are especially at risk – powered two-wheeler drivers and pedestrians. Transport for London is devising specific policies for these groups.

Unemployment differs from the other determinants in that it is largely subject to national and global influences; opinion varies on the extent to which local action can influence unemployment. However, London's Economic Development Strategy sets out a plan to develop local skills so that they match economic requirements.

Health and social care organisations are increasingly conscious of the need to use their influence as major employers to boost local employment opportunities in London and, in the process, improve health and the quality of health care provision (Levenson and Edmans 2001; NHS London Regional Office 2002).

Trends in inequality

The trends in health inequality revealed by the report can be summarised as follows:

- ▶ In unemployment, the inequalities of social class and ethnic group are chronic. The high level of manual unemployment and extremely high rates for Bangladeshi and Pakistani people have persisted throughout the 1990s.
- ▶ In GCSE performance, pupils from manual social classes have narrowed the gap but the disparity is great. There is less solid evidence that black pupils are catching up; Bangladeshi and Pakistani pupils continue to lag behind. Girls continue to out-perform boys.
- ▶ In housing, there are wide and chronic differences between the ethnic groups. The problems highlighted by the 1991 Census persist.
- ▶ Ethnic minorities and people from social classes III, IV and V are more vulnerable to crime and their children may suffer more from road casualties. Although precise figures are not to hand, these patterns are persistent.
- ▶ Recent figures show that in England and Wales as a whole, inequalities in life expectancy by social class have narrowed recently, although they widened up to 1992–1996 (ONS 2001c). However, inequalities between boroughs in London have widened throughout the 1990s.

In the absence of standard measures, one can state that class and ethnic inequalities on the health determinants are persistent. Although the determinants themselves have improved, the inequalities, on the whole, have not. London's area differences are also chronic. The most hopeful signs are in education, but the indicator itself is open to question; any national target is likely to put pressure on services to distort results.

Education offers people the opportunity to change their social class; there is some initial evidence that black pupils and children from manual classes are narrowing the gap in attainment, but this needs to be confirmed by more evidence in the future. The significance of class and education can be seen with Indian people; many of them are in classes I to III (non-manual), and on several of the indicators they show little or no disadvantage.