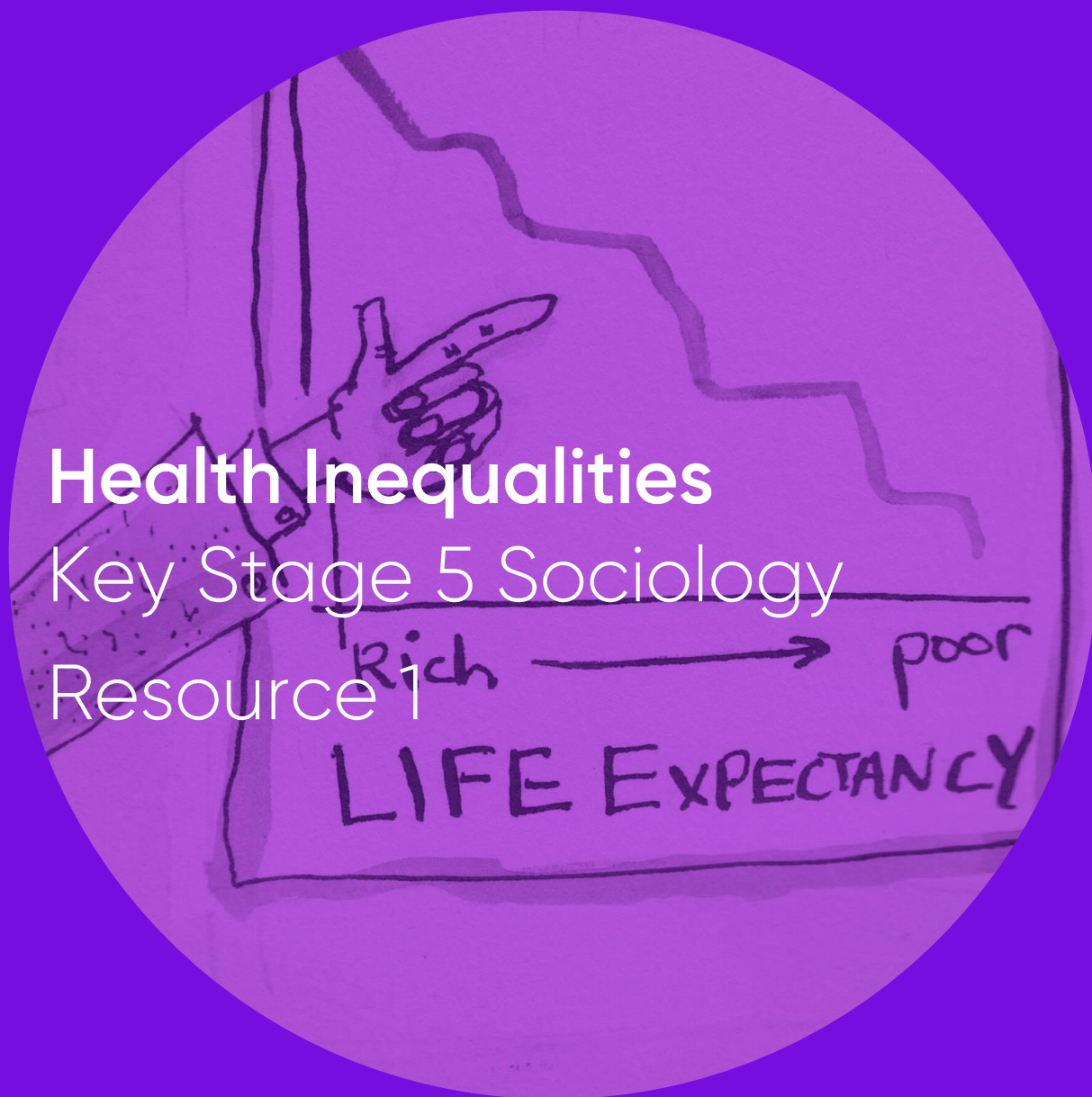


Research  
Based  
Curricula

# Health Inequalities

Key Stage 5 Sociology

Resource 1



2019



# Resource One Overview



Topic An Introduction to Health Inequalities

A-Level Modules Health – understanding social inequalities

Objectives After completing this resource, you should be able to:

- ✓ Define health inequalities
- ✓ Discuss different determinants of health
- ✓ Demonstrate knowledge of the relationship with health inequality and other social issues

Instructions

1. Read the data source
2. Answer the questions
3. Do the research tasks
4. Explore the further reading



# Resource One Data Source



## Section A

### An Introduction to Health Inequalities

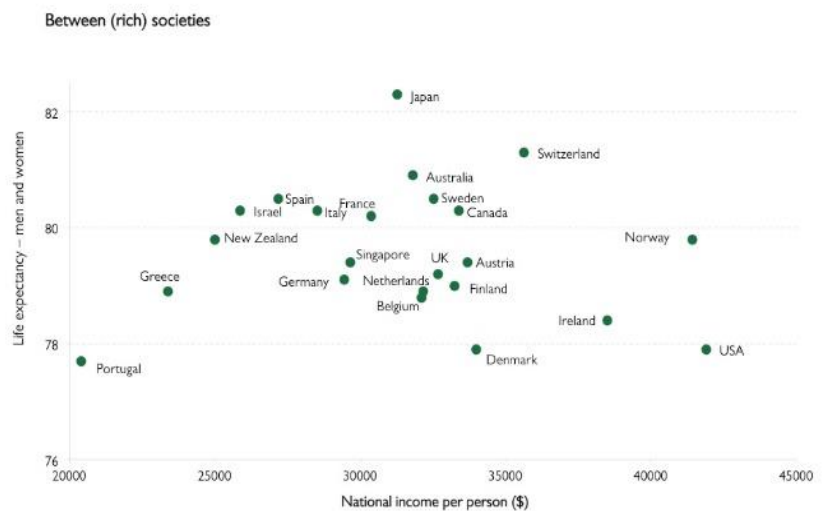
Health inequalities are the avoidable and unfair differences in health. They do not occur randomly or by chance. They are created by the conditions in which people are born, grow, live, work and age. These conditions (good or bad) are determined by the access a person has to resources. Income and wealth are very strong indicators of how healthy a person is, and how long a life they will lead.

The first graph compares countries which are similar to the UK, you can see there is no relationship between life expectancy and national income.

Figure 1

A graph which shows there is no relationship between life expectancy and national income per person (Wilkinson and Pickett, (2009).

Health is related to income differences *within* rich societies but not to those *between* them



Source: Wilkinson & Pickett, *The Spirit Level* (2009)

THE EQUALITY TRUST

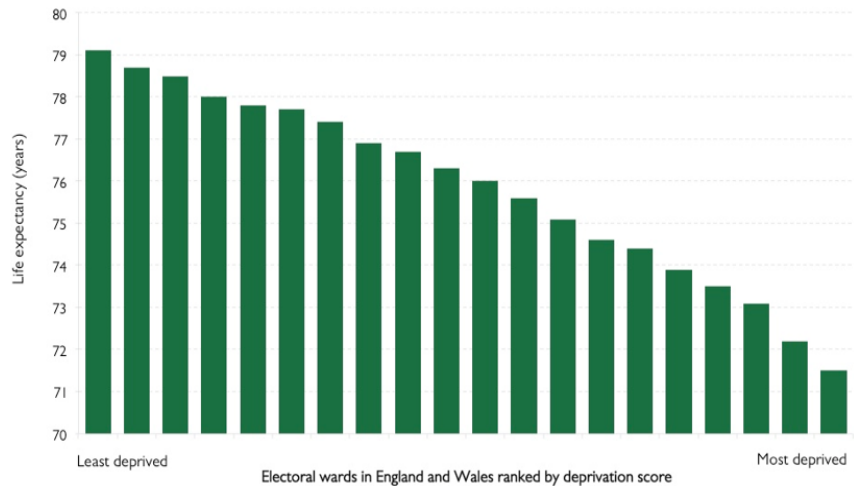
The second graph shows the relationship between life expectancy and deprivation levels in England and Wales. Health inequalities exist on a gradient in society and they affect everyone. Even those in the second and third vigintile group do not enjoy as good health as those in the least deprived group. The graph shows that life expectancy varies significantly across the UK, with people living in the most affluent areas having significantly longer lives.

# Resource One Data Source



Figure 2

A graph which shows that life expectancy is related to levels of deprivation in England and Wales (Wilkinson and Pickett, 2009).



The third graph shows us how much richer the top 20% in a country is compared with the poorest 20%. From this list of 22 countries, the UK has some of the highest levels of inequality. Just the US and Portugal are more unequal.

Figure 3

The difference in income between the highest 20% and lowest 20% of earners (Wilkinson and Pickett, 2009). This is one way of considering financial inequality within a nation – there are other metrics that can also be used.

**How much richer are the richest 20% than the poorest 20%?**



## Section B

### A Social Model of Health

The Dahlgren and Whitehead diagram (figure 4) is a holistic model of health that shows many of the different factors which influence a person's health. In the centre this includes personal factors such as genetics, age, ethnicity and sex.

# Resource One Data Source



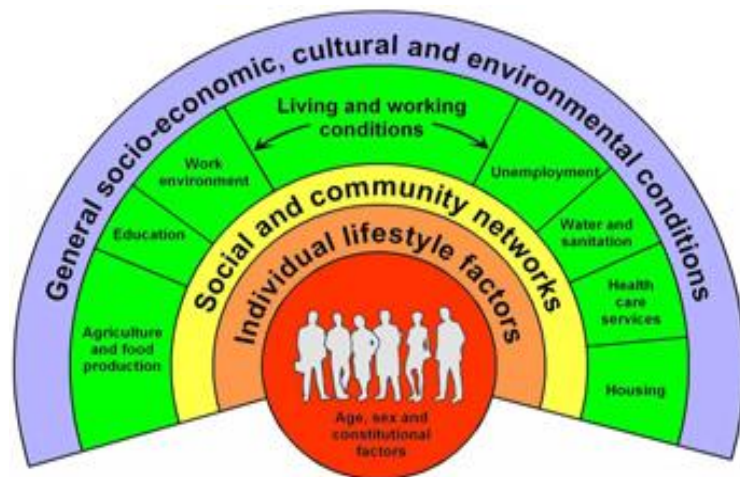
The “individual lifestyle factors” layer includes smoking, physical activity levels, diet, alcohol consumption and risk-taking behaviour. This is where most professional public health energies are placed.

Social and community networks includes family, and wider social groups such as a sports team or hobby group you belong to.

The green layer is referred to as the “social determinants of health” and includes education, housing and employment.

The outer layer includes general socio-economic and environmental conditions. It also includes the political environment.

Figure 4  
Dahlgren and  
Whitehead's social  
model of health (1991)



## Section C The Unequal Distribution of Wealth and Power

In the UK income is shared unequally with the richest fifth earning 40% of the income and the poorest group taking home 8% of the income for a fifth of the population.

Wealth is much more unequally distributed. The richest fifth hold 65% of the wealth, and the poorest fifth have 0%.

# Resource One Data Source

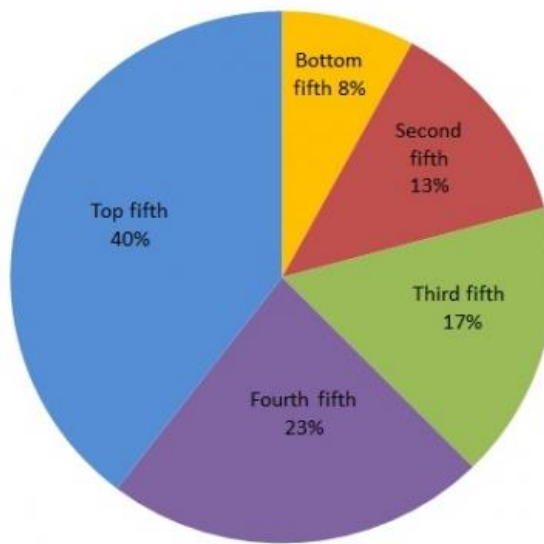


This unequal distribution of finance means that people have unequal access to resources, such as suitable living accommodation or healthy foods.

## How is income shared in the UK?

Figure 5

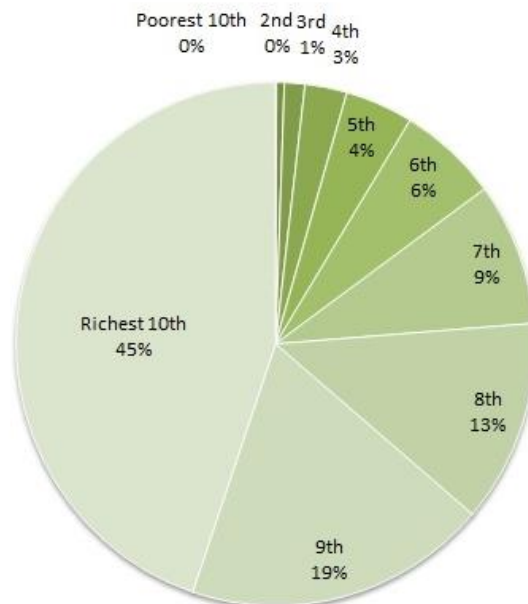
How is income shared in the UK?



## How is wealth shared in Great Britain?

Figure 6

How is wealth shared in Great Britain?



# Resource One

## Data Source



### Section D

#### The outcome of Inequality

The impact of social inequalities are dispersed across many aspects of our lives. Countries which have lower levels of inequality have longer life expectancies, fewer mental health problems, less violence, better education rates, higher levels of social mobility and lower levels of obesity.

One example is, in countries where resources are less equally shared, people are more likely to try and “show off” their wealth levels. This might involve buying expensive cars, buying brand names, “needing” the latest phone or even having plastic surgery. Competing with each other in this way leads to increased levels of status anxiety in society. This then often leads to increased levels of consumerism. This has a disastrous effect on the environment. For example, the impact of consumerism on the environment has been brought to public consciousness by Blue Planet II.

### Section E

#### Health Inequalities and Social Identity

Other aspects of social position are important to health inequalities. This includes ethnicity, gender, disability status and sexual orientation.

Intersectionality is a term used to describe how different aspects of social identity interact with one another, and are embedded within systems of inequality. For example, a BME (black and minority ethnic) woman is more likely to experience discrimination and less likely to be able to access a well-paid job, compared to a white man, a white woman or a BME man. This is because both of these factors influence discrimination and opportunity. Not being able to access resources influences her access to the other social determinants of health such as good housing or education.

# Resource One Activities



**Activities** Watch [TED Talk - 'How economic inequality harms society' by Richard Wilkinson](#)

1. Define the term health inequalities.
2. Outline and explain three of the social determinants of health.
3. Outline and explain three health or social problems which arise as a result of high levels of inequality in a society.
4. Define the difference between wealth and income.
5. How much of the wealth of the UK is owned by the wealthiest quintile group?
6. Outline the different aspects of social identity.
7. Do you think health inequalities are inevitable? Discuss.

## Research Challenges



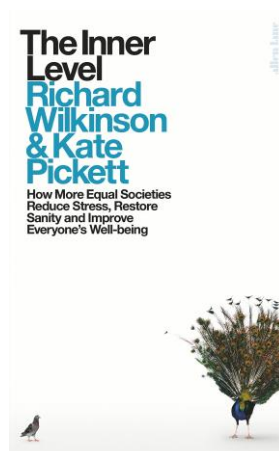
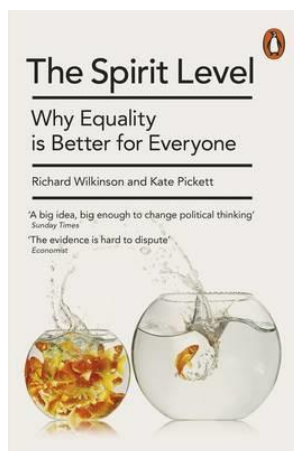
1. Doing independent research, show and explain why societies which have higher levels of inequality have higher levels of violence.
2. Doing independent research, show and explain why societies with a policy focus on child development have better health outcomes.



# Resource One Further Reading



- Explore**
1. All of the graphs in this data source came from The Equality Trust website, you can access them at: <https://www.equalitytrust.org.uk/resources/the-spirit-level>
  2. The graphs were published in a book titled "The Spirit level: why more equal societies always do better" by Richard Wilkinson (from the You Tube presentation) and Kate Pickett (University of York). It explains the difference between poverty and inequality, and there are chapters linking inequality to the outcomes of an unequal society – such as the impact on education, violence, social mobility and imprisonment.
  3. Their follow up book "The Inner Level: how more equal societies reduce stress, restore sanity and improve everyone's health and wellbeing" focuses on how inequality affects the individual. It has a focus on mental health, social class and sustainability.
  4. Follow the World Economic Forum on social media. Their posts include lots of stories that link to health inequalities and sociology  
<https://www.facebook.com/worldeconomicforum>





[www.researchbasedcurricula.com](http://www.researchbasedcurricula.com)



[www.access-ed.ngo](http://www.access-ed.ngo)



[@\\_AccessEd](https://twitter.com/_AccessEd)



[hello@access-ed.ngo](mailto:hello@access-ed.ngo)



100 Black Prince Road  
London, SE1 7SJ



AccessEd is a non-profit company  
registered in England (#10383890)