NIHR | Collaboration for Leadership in Applied Health Research and Care North West Coast

# A-Z OF


# INEQUALITIES

# A-Z OF health INEQUALITIES

This Alphabet of Health (In)equalities was conceived and designed in the true spirit of co-production by National Institute for Health Research Applied Research Collaboration North West Coast (ARC-NWC, formerly CLAHRC-NWC), members of the Public Adviser Forum and researchers at Lancaster and Liverpool Universities, with respect, inclusivity, tolerance and equity at its core.

The aim of the cards is to facilitate conversations with public health researchers and practitioners, research funders and members of the public about the diverse range of issues that impact and contribute to health (in)equities.

In this alphabet we choose to use the concept of health inequities and health inequalities interchangeably although they mean different things. A population approach to health inequalities assumes that all socially marginalised groups are equally disadvantaged so giving everyone the same access to health resources regardless of background will have the same benefit. However, we know this is not true. The intersection of factors such as gender/age/religion/class can influence how people are treated in society and thus shape socio-economic life chances over the life course. There are strong links between the accumulative effects of this systematic social disadvantage and poor physical and mental health. ARC NWC embraces health equity approach that aims to ensure that health enhancing resources are distributed fairly according to socioeconomic groups' needs and so EQUAL access to resources does always improve health.

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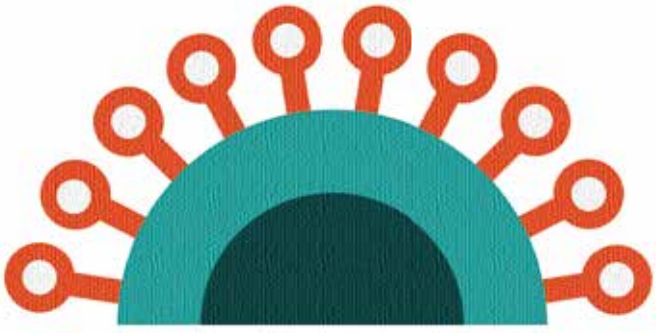
# A IS FOR .....

# APPLIED HEALTH EQUITY RESEARCH (AHE)

On average it takes 17 years to embed original research into routine way of doing things in health and social care. This delay can be a serious barrier to making improvements. The task for Applied Health Equity (AHE) research is to make this happen quicker so we can tackle inequalities in health.



# B IS FOR .....

# BARRIERS

The UN's Declaration of Human Rights Article 25 states: *"Everyone has the right to a standard of living adequate for the health and wellbeing of himself and his family, including food, clothing, housing and medical care".* There are serious barriers, known as "social determinants of health inequalities", for different social groups which are often beyond their control.

# C IS FOR .....

# CO –PRODUCTION

Is when professionals and citizens join forces to plan and deliver research and services together to improve quality of life for people and communities. As a result, services and neighbourhoods are more likely to bring about the change needed.

# D IS FOR .....

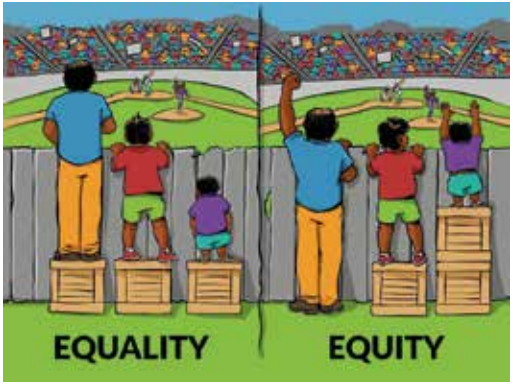
# DIVERSITY

A range of different communities from a variety of backgrounds have a unique perspective of local needs and their views can help shape and design research which will help reduce health inequalities.

# E IS FOR .....

# EQUITY VS EQUALITY

Equality is about ensuring everyone is provided with the same resources, no matter what their background. Equity is about ensuring that resources are distributed fairly depending on socio-economic group's needs. For instance, equality is when there are 9 people with limited vision and 1 person with limited hearing. All 10 people receive spectacles.



# F IS FOR .....

# FUNDING

Health inequalities are caused by the unequal distribution of income, power and wealth. This leads to poverty and people feeling they have no influence or say. There is a clear north/south divide in England, with the north often having greater health needs. Yet, northern areas are likely to benefit less from central government funding, assets, political control and services. If funding and resources were based on need, it would help to reduce health inequalities across regions.

# G IS FOR .....

# GENDER

The World Health Organisation defines gender as "the socially constructed characteristics of women and men – such as norms, roles and relationships of and between groups of women and men... when individuals or groups do not "fit" established gender norms they often face stigma, discriminatory practices or social exclusion – all of which adversely affect health". When conducting applied health equity research, gender should be considered to see how it causes health problems and how impacts can be addressed.

# H IS FOR .....

# HIAT HEALTH INEQUALITIES ASSESSMENT TOOLKIT

Despite insistent calls for better evidence to inform action to reduce health inequities, applied health research sensitive to these inequalities is rare. Recognising this problem, the Collaboration for Leadership in Applied Research and Care in the North West Coast (England) developed the Health Inequalities Assessment Toolkit (HIAT) to support those involved in health research to integrate equity into their work.

www.hiat.org.uk

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# I IS FOR .....

# IMPACT

The impacts of health inequalities are far reaching, affecting everyone across society, not only the most disadvantaged. The evidence of this can be found in the history of public health. Sanitary reforms in the 19th Century came about because the rich realised that the living conditions of the poor were a threat to their own good health. The same can be said for crime, social unrest and economic problems.

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# J IS FOR .....

# JOURNEY

Geographical distance can be an important factor in health inequalities. For instance, how far different people have to travel to see a GP, work, get public transport or buy fresh and affordable food has an impact on people's health and wellbeing. Health outcome differences between regions are in large part due to a decade of public sector reorganisation and deep cuts to local government and social and healthcare services in England.

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# K IS FOR .....

# KNOWLEDGE EXCHANGE

To tackle health inequalities, it is important to ensure that citizens and third sector organisations have access to clear, up-to-date information as well as opportunities to participate in decision making that translates into benefits for people's lives.

ARC-NWC

# L IS FOR .....

# LOCAL / LOCALLY

Reducing some of causes of health inequalities can only be addressed through national and international policy. However, local action should build on the knowledge people have to 'demand' greater social justice and action at the higher level. Applied Health Equity Research should strive to make social change at the local, regional and national levels.

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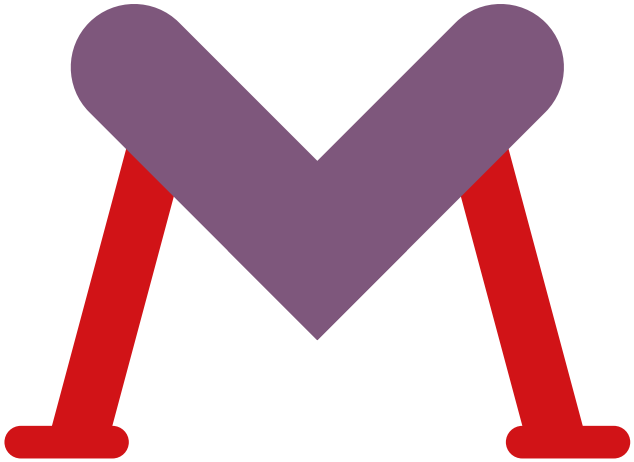
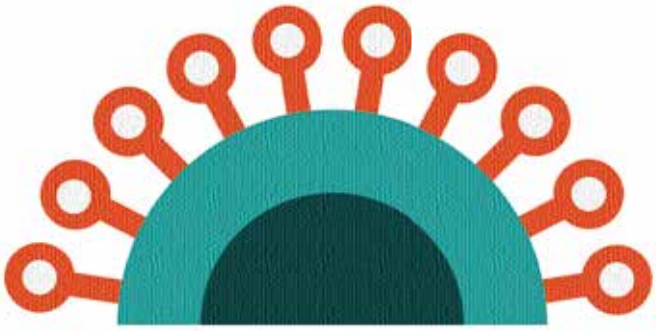
# M IS FOR .....



# MENTAL HEALTH

Mental health problems can affect anyone. However, mental illness is strongly linked to poverty and environmental inequalities. More socially disadvantaged people are more at risk of developing poor mental health, which can also lead to physical health problems.



# N IS FOR .....

# NORTH WEST COAST OF ENGLAND

The Due North report by Public Health England documented the scale of the health divide between North and South. Since 1965 this divide has widened, resulting in 1.5 million early and preventable deaths. The northern region has 30% of England's population but 50% of the poorest neighbourhoods, with worse health than those in similar levels of disadvantage in the rest of England. These stark differences continue to grow because of social and economic inequalities and inequalities in power and 'control'.

# O IS FOR .....

# OPPORTUNITY

Despite the severe reductions in public spending, collaborative applied health equity research can offer opportunities for local health systems including the public to produce research that has the potential to reduce place based health inequalities.

# P IS FOR .....

# PUBLIC

Listening, engaging and involving members of the public is key to understanding how inequalities impact on our local communities. Active public engagement and involvement makes a real difference to the work of health policy and research, and informs key decisions in the health and care system.

# Q IS FOR .....

# QUALITATIVE AND QUANTITATIVE

Quantitative research is about counting and measuring things such as data and statistics. Qualitative research is about understanding the reasons and opinions of people and how these are influenced by the wider socio-economic context. Both approaches are needed to have a clearer picture of how inequalities operate and how they can be tackled.

# R IS FOR .....

# RISK FACTOR

Typically risk factors are defined as a person's pre-existing health condition, genetic condition or lifestyle that increases the risk of developing a specific disease. While these factors are important, social, community, economic, cultural and environmental factors can also be risk factors for ill-health and health damaging behaviours.

# S IS FOR .....

# SYSTEM RESILIENCE

It is the capacity of people or communities to recover quickly from difficult times, and national health plans have historically focused on increasing the resilience of communities. However some professionals argue this can place an extra burden of responsibility on some places, and reduce their ability to bounce back when faced with increasing inequalities over which they have little or no control. By focusing on enhancing the resilience of the 'system', (understood as the personal and collective capacity of the people who live and work in an area),interventions are more likely to develop effective actions to respond to, and influence, the social, economic and environmental changes that impact on their health and wellbeing.

# T IS FOR .....

# THIRD SECTOR

The third sector has a unique understanding of the social and economic factors that contribute to health inequalities: how they affect people's everyday lives as well as their future chances and the need for help at the right time to remove, reduce or mitigate these inequalities.

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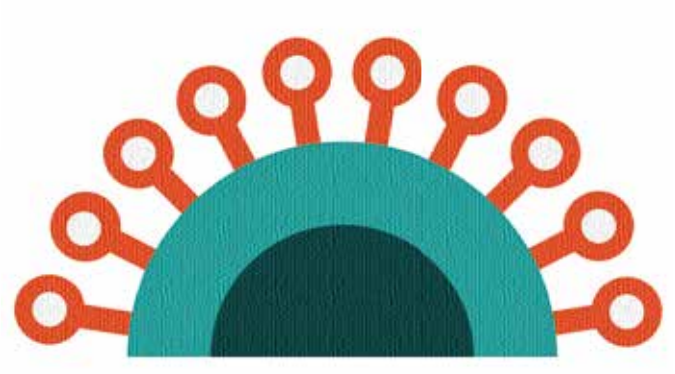
# U IS FOR .....

# UNCONSICOUS BIAS

These are negative social stereotypes about certain groups of people. Unconscious means that people are not aware of their stereotypes. Unconscious bias often influence people's values and actions and can also affect professionals' perception about the importance of lay knowledge, health equity and qualitative research.



# V IS FOR .....

# VOICE

In feminist research, voice refers to the spoken or written word, views, thoughts, tastes and opinions of social groups who are pushed to the edge of society because they have no power. Collaborative applied health equity research should strive to forcefully leverage institutional power (e.g. academic, governmental and medical power) by creating spaces for front-line professionals and members of the public to co-design health equity research that reflects people's reality.

# W IS FOR .....

# WELLBEING

The World Health Organisation (WHO) defines health as 'a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity'. Research conducted by Professor Jennie Popay's team in Lancaster argues that wellbeing is determined by system resilience, which is the personal and collective capacity of the people who live and work in an area to respond to, and influence, the social, economic and environmental changes that impact on their health and wellbeing. System resilience is made up of four factors that should be taken into account when thinking about improving wellbeing. These are: the living environment; economic systems; social relationships and community governance (e.g. participating in budgeting schemes, tenants associations etc.).

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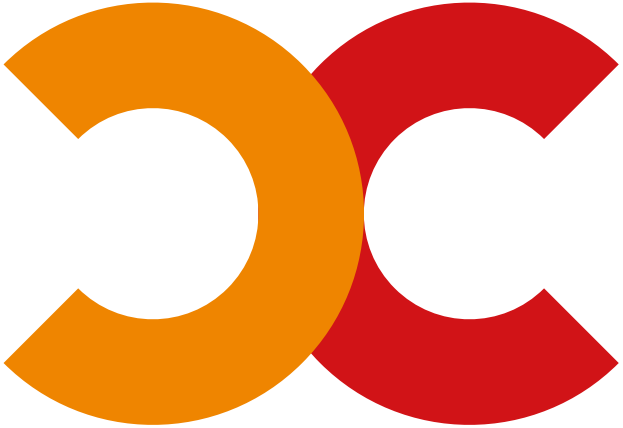
# X IS FOR .....



# XENOPHOBIA

The unreasonable fear or dislike of people, cultures, forms of expression or objects that are different from oneself. The current health research model for understanding culture calls for sensitivity to cultural differences. This approach attributes health problems to the attitudes and 'culture' of certain groups of people and communities. In doing so, it ignores the health damaging effect of structural racism that shapes policies, regulations and access to resources.

# Y IS FOR .....

# YOUTH

Many youth services have been forced to close due to government cuts. Closure of these services is a form of social inequality which jeopardises the future health of young people. This is because poorer families have depended on them to provide socio-economic and psychological support to access training, education, employment, opportunities to make friends, discuss health issues such as mental health and substance abuse.

# Z IS FOR .....

# ZEALOT

This is someone who is fanatical about something. Usually it is considered to be a bad thing but here at NIHR CLAHRC NWC, we believe being fanatical about health equity may not be a bad thing!

# Notes

NOTES

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