

UNIT 3: HANDOUT A

EXERCISE 2

HEALTH CHOICES

Questions

Are you able to:

- Go to night classes at your local College?
- Obtain life insurance?
- Expect sympathy from your GP when you are ill?
- Lead an active social life?
- Adopt a child?
- Obtain a mortgage?
- Plan 20 years ahead?
- Feel safe being out on your own after dark?
- Get support from society?
- Have a home help if you need one?
- Get access to information in a form appropriate to your needs?
- Pursue the work you want?
- Travel places whenever you want/need to?
- Plan a family?
- Treat yourself when shopping?
- Get access to contraception?
- Exercise your right to vote?
- Get repairs done to your house satisfactorily?
- Eat five pieces of fruit and veg a day?
- Walk down the street without fear of harassment or violence?
- Freely choose where you want to live
- Put money away into regular savings
- Talk about your issues without being judged negatively



UNIT 3: HANDOUT B

EXERCISE 3

CONSTITUENCY HEALTH PROFILES

Search for details of your own constituency contained in the Constituency Health Profiles compiled by the Public Health Institute of Scotland (PHIS).

For those using the internet search for www.show.scot.nhs.uk/phis and then click on Constituency Health Profiles. Access the relevant profile from the geographical lists.

Additional information can be found on the following websites:

www.isdscotland.org choose a topic that is of interest from the a to z index.

www.scotland.gov.uk/topics/statistics/SIMD and use the interactive mapping tool.

www.sns.gov.uk and click on Standard Reporter or Advanced Reporter as appropriate.

Profiles for the greater Glasgow area are to be found on www.gcph.co.uk and click on community profiles.

Then answer the following questions:

1. Which are the most significant figures in terms of health?
2. How does your constituency compare (generally) to the Scottish average?
3. Do you think there are direct links between any of the figures? If so, why?
4. Is there any information not included that you think would be useful?

Now search for details of another constituency that contrasts with yours.

1. What constituency did you select and why?
2. What are the main differences between your constituency and the one you've selected?
3. Are there any similarities?
4. Are there any surprises?



UNIT 3: HANDOUT C

EXERCISE 4

DEFINITIONS OF POVERTY

Absolute Poverty

Oppenheim and Harker for the Child Poverty Action Group define Absolute Poverty as follows:

“ An absolute definition of poverty assumes that it is possible to define a minimum standard of living based on a person’s biological needs for food, water, clothing and shelter”

Source: Oppenheim, C. & Harker, L. (1996). ‘Poverty: The Facts’. CPAG.

Relative Poverty

Peter Townsend in his book ‘Poverty in the UK’ defines relative poverty as follows:

“Individuals can be said to be in poverty when they lack the resources to obtain the types of diet, participate in the activities and have the living conditions and amenities which are customary, or at least widely encouraged or approved, in the societies to which they belong.”

Townsend, P. (1979). ‘Poverty in the UK’. Penguin.

Other Definitions

The Scottish Anti-Poverty Network in the Scottish Declaration on Poverty (1996) states,

“People live in poverty when they are denied an income sufficient for their material needs and when these circumstances exclude them from taking part in activities which are an accepted part of daily life.”

Oppenheim and Harker for the Child Poverty Action Group state:

“People should have a right to an income which allows them to participate in society, rather than merely exist.”

Source: Oppenheim, C. & Harker, L. (1996). ‘Poverty: The Facts’. CPAG.



UNIT 3: HANDOUT D

EXERCISE 4

LIST OF NECESSITIES

- New not second hand clothes.
- Enough bedrooms for every child over 10 of different sex to have his/her own.
- Presents for friends or family once a year.
- Three meals a day for children.
- Toys for children.
- A car.
- Public transport for one's needs.
- A garden.
- A night out once a fortnight (adults).
- Damp-free home.
- A warm water-proof coat.
- Two hot meals a day (for adults).
- A telephone.
- A packet of cigarettes every other day.
- A 'best outfit' for special occasions.
- Meat or fish every other day.
- A hobby or leisure activity.
- Children's friends round for tea or a snack once a week.
- A washing machine.
- Two pairs of all-weather shoes.
- Affordable heating for the home
- Refrigerator/freezer
- Bath/shower
- Digital TV
- Celebrations on special occasions such as Christmas or birthdays
- Outings at least once a month e.g. cinema or bowling
- Games console for teenagers
- A DVD player
- A computer with broadband connection
- MP3 layers for the children
- Mobile phones for all members of the family
- Weekly allowance for young people

(Adapted from: Mack J.,Lansley S. 1995. 'Poor Britain'. Allen & Unwin. London. Taken from 'A Community Development Approach to Health Issues in Northern Ireland')



UNIT 3: HANDOUT E

EXERCISE 5

Section 1

Inequality and the National Health Service

The NHS, once described as ‘an act of collective goodwill’, was set up specifically to reduce inequalities in health. Aneurin Bevan, Minister of Health 1945-51 and the main mover behind the legislation said,

‘the collective principle asserts that the resources of medical skill and the apparatus of healing shall be placed at the disposal of the patient, without charge, when he or she needs them; that medical treatment and care should be a communal responsibility and that they should be made available to rich and poor alike in accordance with medical need and by no other criteria. It claims that financial anxiety in time of sickness is a serious hindrance to recovery, apart from its unnecessary cruelty. It insists that no society can call itself civilised if a sick person is denied medical aid because of lack of means.’

In Place of Fear, Aneurin Bevan (1978). London.

Despite these intentions, evidence began to appear from the 1970s onwards that inequalities in health remained more or less the same when the NHS was established.

The Inverse Care Law

A GP called Tudor Hart wrote a paper in 1971 claiming that the areas with the most need had the worst services, and the areas with the least need had better services. He called this the ‘Inverse Care Law’ - the opposite of what you would expect. However, he also pointed out that improved medical services were not the only answer, and that other services such as housing, should also be improved in poorer areas.

The Health Divide

A report published in 1987 called The Health Divide by Margaret Whitehead, produced evidence that despite the NHS, there were still enormous differences in the health between different social classes. Richer people lived longer and had less illness from the cradle to the grave.

More recent evidence shows that a child with parents in an unskilled occupation is twice as likely to die before the age of 15 as a child with professional parents.

This does not happen in all countries. The child death rates in Sweden, for example, are similar across all social classes.

So it seems that although a free, accessible health service is important, other factors continue to cause inequalities in health.



UNIT 3: HANDOUT E (CONT)

Section 2

Social Justice and Health

Research in 1996 appears to demonstrate that health is not simply to do with the amount of money people have. In that case, all poor countries would have a much worse health record than rich ones.

Richard Wilkinson, through articles in the British Medical Journal and in his book entitled *Unhealthy Societies* says it is the gap between the rich and the poor in a country that is more important. He noted that if there was less of a gap between incomes at the top and the bottom of the scale, as in Japan, then there was a higher life expectancy - that is, people can expect to live longer. He argues that the actual amount of money appears to be less important than the effects on social cohesion of a large gap between the rich and the poor. Such a gap appears to have an adverse effect on adult and infant mortality rates.

Source: Wilkinson, R.G. (1996). *Unhealthy Societies*. Routledge.

This is reinforced by Bartley et al in *Understanding Health Inequalities* when they point out that,

‘above a certain level of average income, it is not the amount of income but the way it is distributed that seems to matter.’

Their research also shows that,

‘In countries where income is more equally distributed, even those with lower incomes may have more control over their lives, and be less likely to be forced to take subservient work, or to feel that they are going to be ‘looked down on’ by others.’

Source: Bartley et al, ‘Dimensions of inequality and the health of women’ in Graham, H.(ed)(2000).*Understanding Health Inequalities*. Open University Press.

How a country distributes income and decides on levels of benefit indicates how much a society cares about such differences and how a society treats different groups living there indicates how much it cares about social inclusion and social justice.

