

Historic and Geographic Patterns of Health Inequalities

Summary

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Background

The coronavirus pandemic has hit the most deprived parts of Britain hardest and highlighted the longstanding links between geography (where people live) and their health. Some of these links appear to have changed very little since Victorian times, despite the huge improvements in health care. For instance, a map of Britain showing the areas with the worst COVID-19 death rates in 2020-21 is remarkably similar to a map of highest childhood death rates 200 years ago.

It was this last observation, raised at the UK Government’s Scientific Advisory Group for Emergencies (SAGE), in spring 2021, that prompted this project.

What we looked at

SAGE asked the British Academy and the Academy of Medical Sciences to do an initial investigation into the links between geography and health inequalities (the unfair and avoidable differences in people’s health across the population) over the last two centuries. The research focused on three questions:

To what extent are the geographic spread of COVID-19 infection and mortality rates distinguishable from place-based health outcomes?

What are the causes and consequences of this?

What needs to change?

To answer these questions, the two academies organised a roundtable discussion with experts from a range of subjects including medicine, public health, geography, law, psychology, psychiatry, sociology and history, along with patient representatives. Before the roundtable, the academies also looked at published studies into the links between geography and health.

Themes from the roundtable

Five key themes emerged from the discussions. The discussions were wide-ranging and a full account can be found in the main report. However, here are some of the highlights:

1. The historical perspective

The similarities between the maps of Victorian childhood death rates and modern day COVID-19 death rates are visually interesting, but making a direct comparison of geography and health over the last 200 years is difficult.

While the *similarities* in these maps are fascinating, focusing on how inequalities in a particular town or area have remained unchanged may create a sense of fatalism, or a self-fulfilling prophecy and over-simplify more complex issues.

We arguably learn more from looking at *differences* over time, especially in recent decades, identifying the factors that help places deal with ‘shocks to the system’. And to understand change properly, we need to delve into and document the histories of people and their communities - this can help co-create local public health policies that bring local people on board.

2. Looking beyond the pandemic

Looking back is helpful, but it is also essential to look forward to issues on the horizon, such as climate change, which will have massive impacts on health inequalities – as well as other forms of inequality.

It’s worth noting that cities, regions and local areas are diverse, and similar levels of poverty or other forms of disadvantage do not always result in similarly poor health outcomes. For instance, a study of 54 economically disadvantaged parliamentary constituencies between 1971 and 2001 found some were significantly healthier than others. Strong local communities, stable populations, supportive housing policies and access to green space appear to make a difference by helping to build resilience.

3. Involving the public

Research into health and geography must include the voices, opinions and experience of the public and patients - including people who do not normally get engaged with research. Without the input of those most affected, we risk developing policies and initiatives that don’t work or even widen inequalities further. We must ensure that research asks the right questions, at the right time, in the right way and with the people who will be most impacted. And the results of research need to be communicated accessibly to everyone, not just other researchers.

4. Data collection and use

Collecting good quality data is necessary to understand and address inequalities. Importantly, narratives from the people most affected can put numerical data into context to ensure we have the best understanding of the causes and possible solutions.

The pandemic has seen an unprecedented effort by researchers to produce and share data about people’s health and lifestyles. We need to make full use of the UK’s excellent health data and ensure it is more accessible and easy to use. There are gaps in the data collected, for instance for some ethnic groups, the LGBTQ+ community and people living with disabilities, which need to be addressed.

5. Inequalities in life

Geography is just part of the picture. Health inequalities are linked to other types of inequality, such as in education, housing conditions and income, and they also contribute to those other inequalities.

Geographical inequalities are also related to the spread of ideas influencing people’s behaviour. Differences in the amount, quality, and format of information people get, and differences in how much people trust sources of information, may affect the spread of COVID-19. Some groups are less able to get hold of good quality information or may even be excluded from health messages. It is important that the people researching public health gain trust from the public by engaging them, and get their findings to the relevant audiences, for instance in local government and councils.

Spotlight on Wigan

Wigan has historically been seen as a deprived town as captured by George Orwell in ‘the Road to Wigan Pier’. Despite its history, Wigan has seen major transformation over the period of six years thanks to the ‘Wigan Deal’.¹ This is an agreement between Wigan Council and everyone living and working in Wigan to create a better borough and improve local health outcomes through ‘A genuine partnership which is owned by everyone – not a single organisation’.

The Deal uses what’s known as an ‘asset-based’ approach to improving public services and local health outcomes. This is achieved by recognising and building on the strengths of local individuals and communities – a more positive and forward-thinking approach than focusing solely on deficits.

The success of the Wigan Deal is down to closer working between the local authority, NHS and voluntary sector organisations and has ultimately led to improved healthy life expectancy and quality of care services.

Tackling health inequalities is difficult, but it is possible to make changes. We can learn from history, and from the COVID-19 pandemic to make sure we understand the causes of inequalities, as well as the best ways of addressing them. We need to bring in the public and patients to work with experts across different academic subjects and government departments, to use the best data possible and develop solutions with the buy-in of those that they are aimed at.²

1 Wigan Council, ‘What is The Deal?’

2 The Academies would like to thank the patient representatives who attended the workshop and further, those who helped review this summary for their valued and insightful comments.

