The Black Report and Inequalities in Health

by Kath Maguire

Learning objective: To understand the role of social class in health inequalities.

Introduction

Socio-economic class has been linked to health inequalities for many years. Edwin Chadwick published his *'General Report on the Sanitary conditions of the Labouring Population of Great Britain'* in 1842. This showed that the average age at death in Liverpool at that time was 35 for gentry and professionals but only 15 for labourers mechanics and servants. Although life expectancy has improved for all classes in Britain since this time, inequalities have remained.

The Black Report, published in 1980, showed that there had continued to be an improvement in health across all the classes (during the first 35 years of the National Health Service) But there still a co-relation between social class, (as measured by the old Registrar General's scale) and infant mortality rates, life expectancy and inequalities in the use of medical services.

The National Statistics Socio-Economic Classification (NS-SEC) has been introduced since then. Chandola and Jenkinson have it together with the Short Form health survey (SF-36), (a measure of health outcomes), to show that correlations between social class and health inequalities continue to be significant.

Explanations for Inequalities

Just why these inequalities have been so persistent has been a matter of continuing debate. A number of explanations have been offered:

1. Artefact

The relationship is somehow an artefact of measurement systems used.
This argument is undermined by the fact that inequalities have been demonstrated using a number of different systems of measurement of social class. These include occupation, property ownership, educational status and access to social resources. In 1997 Sally Macintyre described the 'soft' version of this argument. She pointed out that the gradient of class differences in health will depend, to some extent on how class and health are measured.

2. Natural or social selection

This implies that the sickly will slide down the social scale while the robust will have a greater chance of social advancement.
There is evidence of 'social drift', where people with poor health suffer a decline in socio-economic position. The top graph shows the difference in the number of schizophrenia sufferers in each social class compared to the general population and the bottom graph shows the same for their fathers. As you can see it does indicate that there is a trend for people suffering schizophrenia to drift into the lower social classes. However, the fact that many health problems only emerge in adulthood, often once career choices have been made, make the opposite hypothesis, that the healthy rise in class less likely.

3. Cultural explanations

This suggests that the lower social classes prefer less healthy lifestyles, eat more fatty foods, smoke more and exercise less than the middle and upper classes.
While the 'hard' version of this explanation, that the freely made choices of individuals in each social class are responsible for differing health outcomes, is overly simplistic. There is evidence that risk behaviours are unevenly distributed between the social classes and that this contributes to the health gradient.

4. The material explanation

This blames poverty, poor housing conditions, lack of resources in health and educational provision as well as higher risk occupations for the poor health of the lower social classes. Poverty is demonstrably bad for health. However material explanations are not sufficient on their own to explain class differences in health. While life expectancy is lower in poorer, less developed countries, some diseases are more prevalent in the richer West. However when we look at how these diseases are distributed within the wealthy nations we find that they are most prevalent in their poorest regions.

4. Social capital

Or how connected people are to their communities through work, family, membership of clubs, faith groups, political and social organisations. This has also been shown to have an impact on health.

During the 1950s and 60s a study of the Italian-American community of Roseto, Pennsylvania, where heart attacks were fifty percent less frequent than surrounding communities, explained these differences by the greater social cohesion of this group.

In Chicago, during the Summer of 1995, there was a heat wave in which temperatures exceeded 120 degrees Fahrenheit, over 700 people died. Eric Klinenberg has looked at which factors contributed to an individual's likelihood of survival in these conditions. He found that social contact was a significant factor, many of the victims were elderly and isolated, living in poor, run down areas with few visitors and little contact with family or neighbours. The social isolation of many of these individuals was underlined by the fact that over a hundred bodies remained unclaimed at the end of the emergency.

The idea that social isolation is bad for health is also supported by self-report studies that show housewives, the unemployed and the retired as reporting significantly poorer health than those who are employed.

Conclusion

Social class is a complex construct that may involve status, wealth, culture, background and employment. It would therefore be naive to look for a simple causal relationship between class and ill health. Each individual will experience a number of different influences on their health, some of which also come under the umbrella of social class.

Assessment:

1. What was the name the report of into health inequalities in Britain, published in 1980?
2. List five possible explanations for the correlation between class and health inequalities.
3. Why is it inadequate to explain class inequalities in health as an artefact of measurement?
4. How might health influence social class?
5. What is 'social capital'?

---

1. The Black Report
2. Artefact of measurement, natural or social selection, cultural differences, material inequalities and differences in social capital
3. Because they have been demonstrated using a number of different systems of measurement
4. Through social drift, in which the sick are unable to maintain their social position and drift into lower social classes; and the healthy worker may be more able to advance their social position, though this is likely to be less significant.
5. 'Social capital' describes how connected to others an individual is. This can be through membership of groups of friends, family, clubs, workplace, religious groups, political parties and other social networks.