

What makes us healthy?

Health inequalities are the unjust and avoidable differences in the length of people's lives and the quality of their health. These differences are a social injustice.

Health inequalities are caused by **unequal access to power, money and resources.**

The things that make us healthy are known as the **social determinants of health.** There is well-established evidence that demonstrates that these factors affect our health more than behaviours, lifestyles or the health care system.¹



Having strong **social connections** and **power over decisions** that affect us are both important first steps that can lead to change in other factors that affect our health.



We need **sufficient income** and **easy access to local shops** that sell affordable healthy food.



Reliable and cheap **public transport** in our local area helps us to **access work** and make **social connections.**

There are stark disparities between the health of different groups of people. As well as where we are born and live, inequality, discrimination and structural racism mean that some groups of people are more likely to have bad health and shorter lives. The COVID-19 pandemic highlighted these inequalities.

In England and Wales, people living in neighbourhoods experiencing the highest levels of disadvantage will, on average, die nine years younger than people living in the richest neighbourhoods.²



Men and women living in neighbourhoods experiencing the highest levels of disadvantage in Scotland spend, on average, nearly 23 fewer years in good health than those in the most affluent areas. Men in the most disadvantaged areas will die 13 years younger.³

People younger than 65 in the most disadvantaged 10% of areas in England were almost four times more likely to die from COVID-19 than those in wealthiest areas.⁴



In England during 2020, people from most black and South Asian backgrounds were between two and five times more likely to die from COVID-19 than white groups.⁵

1. Hood, C. M et al, County health rankings: Relationships between determinant factors and health outcomes, American Journal of Preventive Medicine 50(2):129-135, 2016.
 2. Office of National Statistics, Health state life expectancies by national deprivation deciles, England 2017-2019 and Health state life expectancies by national deprivation deciles, Wales 2017 to 2019, 2021.
 3. National Records of Scotland, Life Expectancy in Scotland 2017-2019, 2020.
 4. The Health Foundation, Unequal pandemic, fairer recovery: The COVID-19 impact inquiry report, 2021.
 5. Office of National Statistics, Updating ethnic contrasts in deaths involving the coronavirus (COVID-19), England, 2021.



What makes us healthy?

Social connections

Strong social connections within and between communities is an important factor in achieving good health and living longer lives.



Stronger social connections can mean you become more confident, have increased skills, and a strong sense of purpose and hope, which we know are important first steps in being able to address other factors which affect health.

Some groups of people are particularly affected by social isolation. Due to barriers in society, disabled people and people with learning disabilities are much more likely to be isolated and have fewer meaningful social connections compared to non-disabled people. Migrants and refugees are also disproportionately affected, for example due to language barriers and stigmatisation.



“Anxiety can be crippling. It can rule your life. Fundamentally, we’re social beings and coming together and connecting with other people is healing in itself.”

Diane Bertie, project member and volunteer, Independent Arts, Active Communities

“Being involved with Proud2Be has literally changed my life in the most positive and inspiring way. It’s a safe space where, for the first time in my life, I could actually be myself. I have gained confidence, met some wonderfully supportive friends and no longer feel isolated and alone.”

Ange Hoey, project member and volunteer, Proud2Be, Active Communities



The effect of **social isolation on mortality** is comparable to the impact of well-known risk factors such as **obesity, and has a similar impact to cigarette smoking.**²



94 per cent of participants (Active Communities Programme) felt that they were **making new friends** from the network they accessed through the project.³



1. Holt-Lunstad J, Smith TB, Layton JB. *Social Relationships and Mortality Risk: A Meta-analytic Review*. PLoS Med 7(7): e1000316, 2010.
2. Holt-Lunstad J, Smith TB, Layton JB. *Social Relationships and Mortality Risk: A Meta-analytic Review*. PLoS Med 7(7): e1000316, 2010.
3. People's Health Trust, *Active Communities Evaluation*, 2020.



What makes us healthy?

Community power



People and communities need to have **greater power over the decisions and actions that affect their lives in order to improve and maintain their health.**

Community power emerges when people come together to respond to a common concern or issue.



Having more power over things that matter to us increases confidence and self-esteem which has benefits on our physical and mental health. It is

also an important first step that can lead to change in other factors that affect our health. For example, residents might come together to identify shared concerns and influence their housing provider to improve their housing conditions, which also improves their health.



Communities that are impacted by health inequalities are often **best placed to understand and shape the changes that need to happen to reduce health inequalities.**

“People cannot achieve their fullest health potential unless they are able to take control of those things which determine their health.”

World Health Organisation, Ottawa Charter for Health Promotion

Real and lasting change happened when disabled people and unpaid carers got together and built community power to tackle barriers they face in their own communities. From organising safe and accessible activities to forming new organisations and campaigning for change, the journey local people have been on shows what is possible when people get together.”

Julia Ajayi, Project Coordinator, Scope, Active Communities

81%



The Whitehall Studies (1967 and 1988), found that people who experienced low levels of control at work had higher rates of physical and mental illness.⁴



1. People's Health Trust, [Local Conversations Evaluation](#), 2020.

2. Bell, B. et al. 'Work, Stress and Health: the Whitehall II Study', Cabinet Office, 2004.



What makes us healthy?

Jobs and income

Having good working conditions, fair contractual conditions, and stable employment that pays at least the real Living Wage all have a big impact on our health.

We all need good work, a level of control over our work and enough income to live healthily.



People who are unemployed or in low paid jobs are more likely to have physical and mental health issues, as well as lower self-esteem. ¹ **The benefits system can help with income but benefit sanctions can be particularly harmful to people's health.** ² People with lower incomes are more likely to report their health as 'bad' or 'very bad'.³



Inequality, discrimination and structural racism mean that some groups of people are more likely to experience unemployment and low pay, including people from black, Asian and minority ethnic backgrounds, disabled people and women. **These groups, and LGBT+ communities are also more likely to experience discrimination and harassment in the workplace.**



"The Living Wage means for me that I get to enjoy a better quality of life not just for me but also for my family. I also feel that my employers really value me and the work that I'm doing."

Rehana Begum, Centre Manager for Aspire and Succeed, Local Conversation in Lozells

"We have worked with our learning-disabled employees to produce a new employment e-booklet to make HR processes more accessible. This document could be life changing for many learning-disabled employees because it will increase opportunities for secure work, and it will help organisations employ people with a diversity of skills and talents."

Mandy Haigh, Manager, LEEP1, Active Communities



People with the lowest incomes would need to spend **almost three-quarters of their disposable income on food** to follow Public Health England's healthy eating advice, compared to 6% for the wealthiest 10%.⁴

Black and minority ethnic women are around twice as likely as white workers to be employed in insecure jobs.⁵



1. UCL Institute of Health Equity and Public Health England, *Promoting good quality jobs to reduce health inequalities*, 2015
2. London School of Economics, *Benefits Sanctions are harmful and ineffective*, 2018
3. Health Foundation, *Relationship between income and health*, 2021
4. Scott, J Sutherland, J and Taylor, A, *Affordability of the UK's Eatwell Guide*, 2018
5. Trade Union Congress, *BME women are twice as likely to be in insecure jobs as white workers*, 2020



What makes us healthy?

Local environment

Our local environment is critical for our health and community. Having accessible green spaces, safe and well-lit roads, good public transport, shops, and good air quality supports people to make social connections, to access services, be physically active and stay healthy.



There is huge inequality in access and proximity to green space and those living in the most disadvantaged areas have the least access. **Studies have shown that on average, a 10% increase in exposure to green space translates into five years of better health.**¹ There is a particularly strong correlation between lack of access to green space and ethnicity. Almost 40% of people of black, Asian and minority ethnic backgrounds live in England's most green space-deprived neighbourhoods, compared to 14% of white people.

Disabled people often face barriers to using local spaces because many buildings, events, transport and day to day processes remain inaccessible. **Being and feeling safe in our neighbourhood is an important factor in how accessible our local environment is** and this has a disproportionate impact on women, and LGBT+ people.

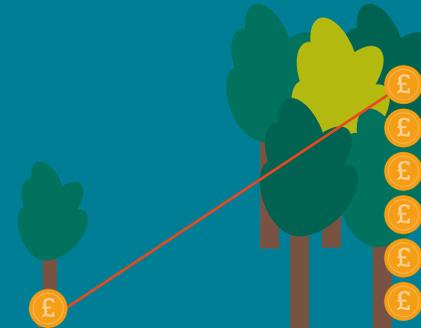


“Those facing daily battles find solace in the community garden as they work alongside others who share similar experiences. The community garden provides a great opportunity for informal learning and a huge amount of work is carried out through peer support.”

Karen Clark, Director, Justice Prince, Local Conversation in Longbenton

“Anxiety has increased over the past year and the community allotment gives people the freedom to relax, learn and play whilst connecting with nature and the local community. It's a safe space and is really accessible for children with additional needs. People have more pride in Stanwell and it has brought people together”

Monica Runke, Community Development Worker, Surrey Care Trust, Local Conversation in Stanwell.



The wealthiest 20% of neighbourhoods in England have five times more green space, on average, than the most disadvantaged 20% of neighbourhoods.²



Populations living in the most deprived areas are exposed to the least favourable environmental conditions such as risk of flooding, poor air quality, litter and lack of access to green space.³



1. The King's Fund, *Access to green and open spaces and the role of leisure services*, 2013.

2. CABE, *Urban green nation: Building the evidence base*, 2010.

3. Institute of Health Equity, *Fair society, Healthy Lives: The Marmot Review*, 2010.



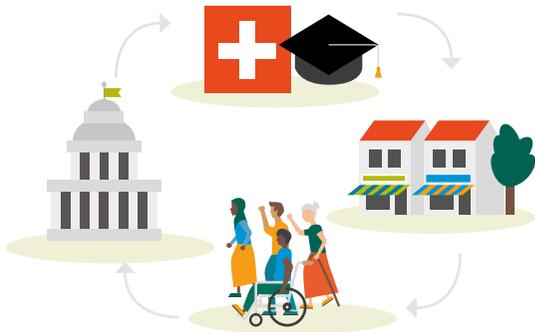
What makes us healthy?

Local economies

The places in which we live have a huge impact on our health. This includes how money flows locally to ensure what is invested re-circulates and contributes to local community wealth building.



A thriving local economy can include **locally-owned community buildings and shops with affordable, healthy food, access to quality jobs that pay at least the real Living Wage** with **opportunities to build skills**. It also means that wealth is distributed more equitably within local communities.



Areas including Preston and Wigan have shown that **when local authorities work together with local organisations such as universities and hospitals, and with businesses and the voluntary sector, they ensure that the benefits of growth are invested in their local area** and that local people are in control.¹

Social enterprises can also play an important part in the local economy **by creating employment, providing important services and using profits to create positive social change** in a neighbourhood.



“Support from volunteers, schools, businesses, funders and the local authority has helped us revive Lee Gardens Pool as an important place in the community. Training provided at the pool has led to people gaining employment and the community has become more connected and economically active as people have become more involved in activities.”

Diane Locke, Lee Gardens Pool, Active Communities.

Local economies can have a big impact on our health. Spending, employment and the progressive use of land and property can all affect our economic, social and environmental wellbeing.

Tom Lloyd Goodwin, Associate Director of Policy, Centre for Local Economic Strategies



1.2 million people in areas experiencing disadvantage are estimated to be **living in areas where many will struggle to access affordable and healthy food.**²



The Community wealth building model in Preston meant **that 4000 additional employees received the real Living Wage** and **unemployment was halved in three years.**³



1. CLES and Preston City Council, *How we built community wealth in Preston*, 2019.
2. Kelloggs Foundation, *Can everyone access affordable nutritious food?*, 2018.
3. CLES and Preston City Council, *How we built community wealth in Preston*, 2019.



What makes us healthy?

Housing

The conditions in which we live have a big impact on our health. Problems with housing include physical problems such as damp, cold and overcrowding, as well as issues of instability, temporary accommodation, rising rent, and rising fuel costs.



Housing issues often lead to people feeling powerless and isolated. High and rising costs and eviction fears have an impact on people's health and wellbeing, as well as preventing people from raising issues and speaking out.

Unaffordable housing drives inequalities and impacts some groups who are already facing disadvantage disproportionately. The cost of renting privately exceeds housing allowance benefit, and across England, the average rent is 43% of a woman's earnings.¹

Rising rents and house prices has led to high rates of homelessness across Great Britain. Being homeless makes it difficult to access health and support services and has a negative impact on health. Homeless men and women live 30 and 38 fewer years respectively than men and women on average.²



“One of the big issues is poor quality housing. We have many children who have asthma problems, breathing, respiratory problems. When we talk to parents, it turns out that they are living in damp conditions, they're paying rent to a landlord, and the issues aren't being dealt with appropriately. Through our project we have influenced housing officials in the local authority to make improvements.”

Shale Ahmed, Director, Aspire & Succeed, Local Conversation in Lozells

“One of our campaigns is against Section 21 “no fault” evictions. The law currently means people can be evicted by a landlord without giving a reason. This is the biggest fear of a lot of the people we see - that if they ask for repairs then they can just be evicted. So changing that law would improve people's wellbeing.”

Tom Scott, Development Officer for for ACORN, Active Communities



8.5 million renters are experiencing stress or anxiety and a quarter are made physically sick as a result of their housing.³



The health outcomes associated with poor housing **costs the NHS an estimated £1.4bn every year.**⁴



1. Women's Budget Group, *A home of her own*, 2019.
2. Office of National Statistics, *Deaths of homeless people in England and Wales*, 2019.
3. Shelter, *2 million renters in England made ill by housing worries*, 2019.
4. Building Research Trust, *Cost of poor housing briefing paper*, 2011.



What makes us healthy?

Education and skills

Education, skills and training are critical for people to develop supportive social connections, access good work, develop an interest in life-long learning and problem solving. They also help people feel empowered, valued and have control over their lives.



There is a large body of evidence which strongly and consistently links education with health, even when other factors like income are taken into account.¹ **Inequalities in early childhood deepen during school years and have an impact on qualifications and wages, ultimately affecting health outcomes.**²

Digital exclusion, due to cost and affordability of digital devices, and/or lack of skills **disproportionately affects people in low-income households**. For young people, this has an impact on education and future employment opportunities, and for older people, it can also increase social isolation.



As people increase their knowledge and build skills, they also build their confidence. Evidence from our evaluations and project reports shows **that people actively involved in projects have gained skills in communicating, influencing and negotiating with other organisations.**

Without the ability to communicate in English, many migrants and refugees are often pushed to the fringes of the community, but people really want to learn. We're trying to help people build the skills they need to live a happy life, to support their families, get to know their neighbours and make friends in the community."

Phoebe Cullingworth, Development Manager at EFA London, Active Communities

If you lack confidence, don't speak English, or you're not digitally skilled, you can feel like your kids think you're nothing. I can't tell you how powerful it is when a mother takes back her pride and finds her confidence again. When they learn something new... everything changes."

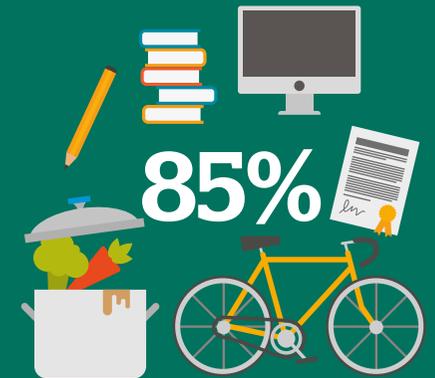
Leyla Laksari, CEO, Living Under One Sun, Active Communities.

4 years



By the age of 30 those with the highest levels of education **are expected to live four years longer** than those with the lowest levels of education.³

85%



85% of people who participated in an Active Communities funded project said they **had learnt and developed new skills.**⁴



1. Robert Wood Johnson Foundation, Education and Health, 2011.
2. Institute of Health Equity, *The Marmot Review, 10 Years On*, 2020
3. The OECD, *Health at a Glance 2019, OECD Indicators*, 2019
4. People's Health Trust, *Active Communities Evaluation*, 2020