# Some are more equal than others...

Public attitudes to health inequalities and social determinants of health



A collaboration between the National Social Marketing Centre (NSMC) and University College London (UCL)

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### Introduction

The World Health Organization's report from the Commission on Social Determinants of Health (CSDH), Closing the Gap in a Generation: Health Equity through Action on the Social Determinants of Health, brought into sharp focus the need to take action to tackle health inequities both within and between countries<sup>1</sup>. The UK government is committed to promoting health equity within and between countries<sup>2</sup> and has announced new approaches to tackling health inequities nationally<sup>3</sup>.

Policy making for health and health equity requires research-led insights into people's lives. The CSDH identified the importance of engaging public understanding of the social determinants of health as integral to effective action to improve health equity<sup>4</sup>.

In Britain, research that documents and maps the existence of health inequalities is more advanced than research into public understanding of and attitudes towards these inequalities. Recent studies have explored attitudes to social inequalities<sup>5</sup>, social mobility<sup>6</sup> and poverty<sup>7</sup>. These studies revealed public concern about unfairness of living conditions, notably income inequality. In the US, research among the public found support for tackling the social factors that underlie health differences between social groups<sup>8</sup>.

The research presented here is the first nationally representative study in Britain to explore public attitudes to health inequalities and the social determinants of health. It provides a baseline on which to develop further work.

#### The research programme

The research programme arose from a collaboration between teams from the NSMC and UCL, and is funded by the Department of Health for England. Further reports from this study will follow in 2009, including a full interpretation of the findings, together with a cluster analysis, identifying the factors that differentiate between groups in the population.

In addition to the quantitative research presented here, the NSMC/UCL research team commissioned Ipsos MORI to conduct two qualitative deliberative workshops in London and the North-West of England. These sought to explore views about the social determinants of health, equality, equity and responsibility for action.

If you would like to be kept informed of the programme's outputs, please contact alex.christopoulos@nsmcentre.org.uk.

#### **Methods**

Questions designed to explore public attitudes to health inequalities and social determinants were placed on the Ipsos MORI Public Affairs Monitor survey. This is a representative survey of adults (aged 16 and over) in Great Britain. The survey involved a total of 1,994 interviews and was conducted face-to-face, in respondents' homes between 14 and 21 August 2008.

The 'credit crunch', which was triggered by the collapse of the US sub-prime property market in 2007, provides the backdrop to this survey. The fieldwork was completed before the intensification of the global banking crisis in September and October 2008.

## Key findings

The better-off are happier, more optimistic and enjoy better health

Happiness, optimism and perceptions of own health status are socially patterned: in other words, people higher up the social hierarchy tend to feel happier, more optimistic and enjoy better health.

 We want society to be fair but the better off know it's not

There was overwhelming support for fairness in life chances. More than 90% of respondents agreed that every child in Britain should have the same chances of living a long and healthy life. However, there was clear awareness, especially among the better-off, that Britain is not a fair society, and that all children do not enjoy the same chances in life.

 It is important that all have the same opportunities for education

Ninety four percent of the population feel that it is important that everyone has the same opportunities for education, regardless of their family income.

 We are aware of our own position in the social hierarchy relative to others

In addition, respondents were aware that people in professional occupations are likely to live longer than people in working class occupations.

• We support narrowing of the income gap

Sixty nine percent of respondents felt that it is important to reduce income differences between the richest and the poorest groups of society in Britain.

The responses to this survey indicate that social attitudes to health inequalities are complex and require further investigation.

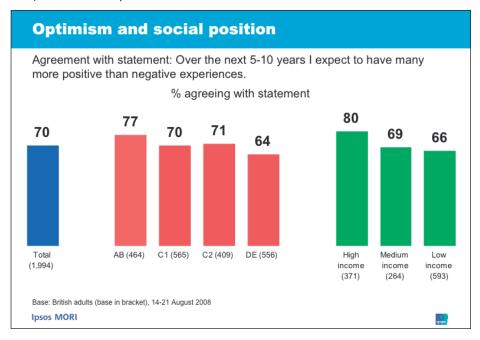
## There was overwhelming support for fairness in life chances



## Social position, happiness, optimism, and perceptions of health

In general, Britain is a happy nation: nine in ten people say they are happy. Women, young adults and oldest age groups, people in good health, and people who are married or cohabiting are more likely to say they are happy. People tend to be optimistic about the future, with seven in ten expecting to have more good experiences than bad in the next five to ten years.

However, there is a social gradient in both happiness and optimism, with people from social grades AB significantly more likely than people from social grades DE to expect to have more positive than negative experiences in the future (77% compared with 64%).



People who are better-off tend to report better health than those from poorer groups Self-reporting of good health is also patterned by social position. People who are better-off tend to report better health than those from poorer groups.

Social Grade Definitions as defined by the National Readership Survey			
Α	Upper Middle Class	Higher managerial, administrative or professional	
В	Middle Class	Intermediate managerial, administrative or professional	
C1	Lower Middle Class	Supervisory or clerical and junior managerial, administrative or professional	
C2	Skilled Working Class	Skilled manual workers	
D	Working Class	Semi and unskilled manual workers	
E	Those at the lowest levels of subsistence	Casual or lowest grade workers, pensioners and others who depend on the state for their income	

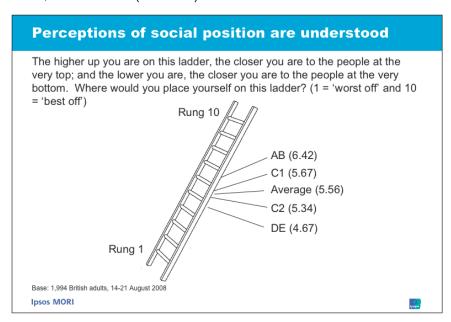
Income Definitions			
High income	£30,000 or more		
Medium income	£17,500-29,999		
Low income	£17,499 and under		



#### The social hierarchy

People are aware of the existence of social differences based on occupation, wealth and income. Asked to locate their own position in the hierarchy, 76% of respondents placed themselves around the middle of the social ladder.

Respondents were able to locate their own position relative to other groups on the social ladder. People in higher grade occupations placed themselves higher up the ladder, and vice versa (see below).

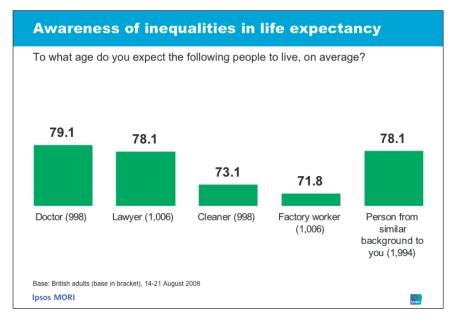


#### Awareness that life expectancy is socially patterned

Regardless of their own position in the social hierarchy, respondents were aware of the existence of socially patterned differences in life expectancy.

Respondents expected people from traditionally 'higher class' professions - doctors and lawyers - to live longer than those from stereotypically 'lower class' occupations - factory workers and cleaners. Responses to the question on how long people in different occupations might expect to live did not vary significantly by social grade of the respondent.

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#### Support for the idea of fairness...

The survey identified overwhelming support for what may be termed 'social justice'. Over 90% of respondents felt that all children in Britain should have an equal chance of living a long and healthy life and of becoming a top income earner. In addition, 94% of respondents agreed that it is important that everyone should have the same opportunities for education, regardless of their family income.

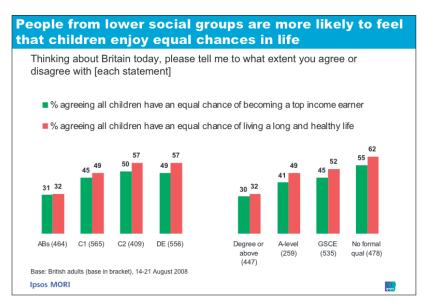
More than two thirds of respondents (69%) felt that it 'is important to reduce income differences between the richest and poorest in society'. Among those living in the most deprived conditions, 83% agreed with this statement.

More than two thirds of respondents (69%) felt that it is important to reduce income differences between the richest and poorest in society

#### ...but, awareness that Britain is not a fair society

While there was strong support for the ideal of equal chances in life, the survey identified different perceptions about the actual state of fairness. Fewer than half (48%) of those interviewed felt that that all children in Britain currently enjoy an equal chance of living a long and healthy life. Just over four in ten (43%) felt that children *do* have an equal chance of becoming a top income earner.

While consequences of social inequalities are felt most starkly by those in lower social groups, these same groups – surprisingly perhaps - were more likely to feel that all children enjoy an equal chance in life. People from lower social groups were almost twice as likely (57% versus 32%) as respondents from social grades AB to agree with the statement, 'all children growing up in Britain today have an equal chance of living a long and healthy life'.



#### Support for narrowing the income gap

Almost seven in ten (69%) respondents felt that it is important to reduce income differences between the richest and poorest groups of society in Britain. However, a quarter (24%) felt it was either 'not very' or 'not at all important'.

There is little difference in opinion by social grade when looking at those who feel it is 'important' (very and fairly) to reduce income differences. However, differences in the strength of opinion are highlighted when looking at those who say it is 'very' important. As highlighted below, respondents from lower social grades were more likely to say that it is 'very important' to reduce income differences between the richest and poorest groups of society in Britain. Thirty percent of respondents from groups DE said it is, 'very important', compared with 20% from groups AB.



## References

<sup>1</sup>Commission on Social Determinants of Health. CSDH Final Report: Closing the gap in a generation: health equity through action on the social determinants of health. Geneva: World Health Organization; 2008.

<sup>2</sup>Department of Health. Health is global: a UK Government Strategy 2008 - 13. London: HM Government; 2008.

<sup>3</sup>Department of Health. Health Inequalities: progress and next steps. London: DH; 2008.

<sup>4</sup>Marmot M, Friel S, Bell R, Houweling TAJ, Taylor S, on behalf of the Commission on Social Determinants of Health. Closing the gap in a generation: health equity through action on the social determinants of health. Lancet Vol 372, 1661-1669, 2008 (in press).

<sup>5</sup>Yougov. Poll commissioned by the Fabian Society. London; 2007.

<sup>6</sup>Sutton Trust. Social mobility. Survey commissioned by the Sutton Trust. London: Sutton Trust; 2008.

<sup>7</sup>Understanding attitudes to poverty in the UK: Getting the public's attention. Ipsos Mori and The Joseph Rowntree Foundation 2007

<sup>8</sup>RWJF Commission. Perceived health challenges in the United States. National survey results of a public opinion poll commissioned by the Robert Wood Johnson Foundation. Princeton: Robert Wood Johnson Foundation; 2008.



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