

Social stratification, social inequalities and health

Bence Döbrössy

Lecture 3

fair deal



Semmelweis University
<http://semmelweis.hu>

Előadás social stratification and healths főcíme
Előadás alcíme

Bence Döbrössy



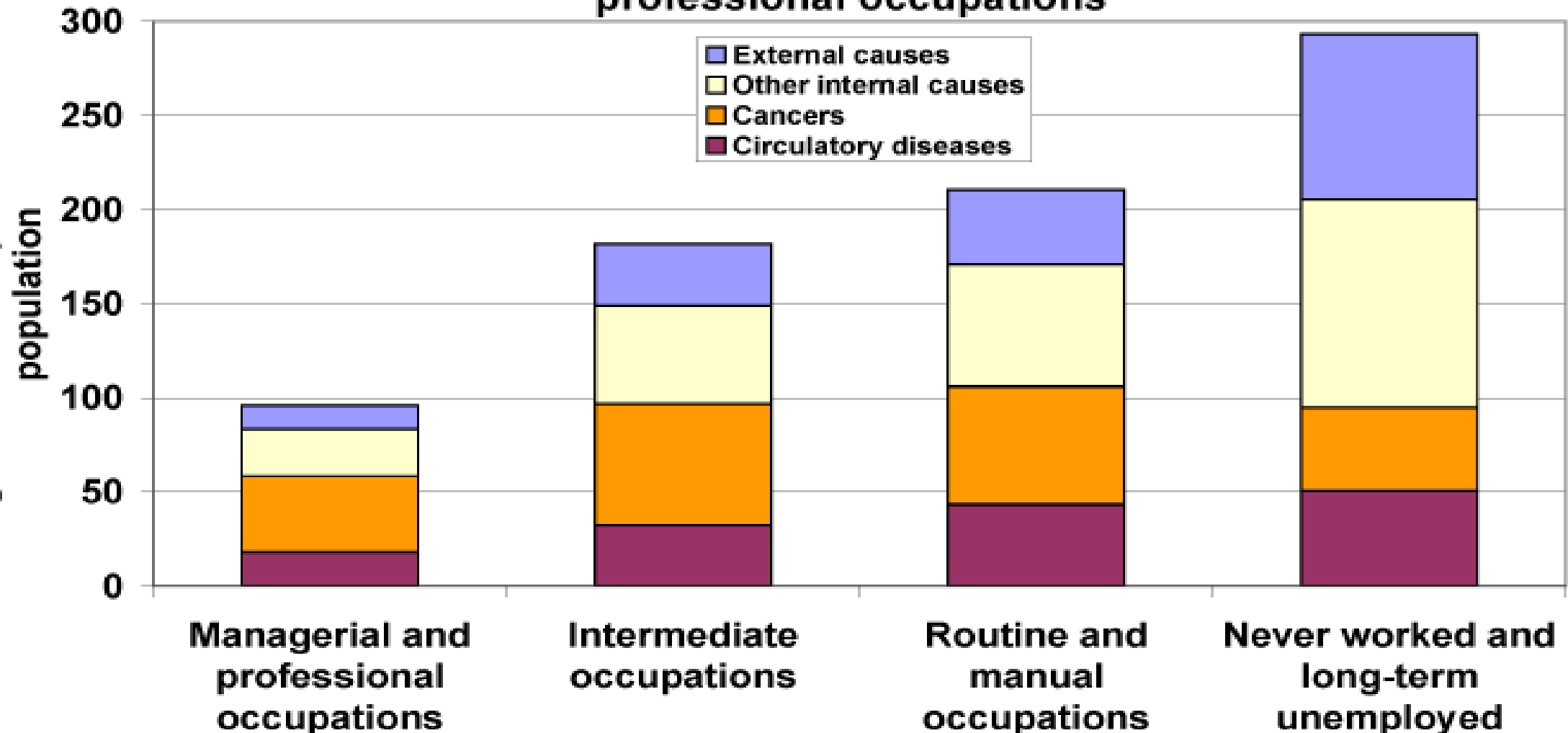
- *Health inequalities result from social inequalities. Action on health inequalities requires action across all the social determinants of health- Marmot review*

- The evidence:



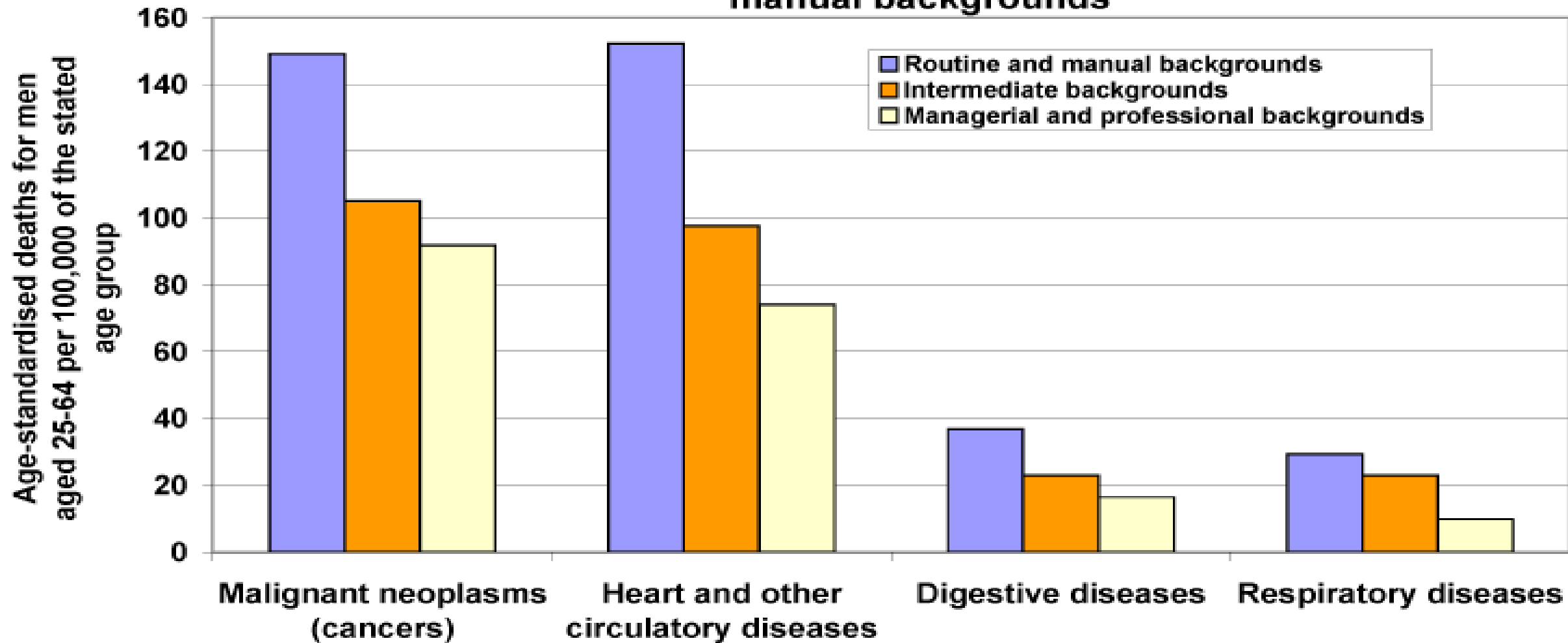
The rate of premature deaths among those in routine and manual occupations is more than twice that among those in managerial and professional occupations

For each social class, annual number of deaths among those age less than 65 per 100,000 population

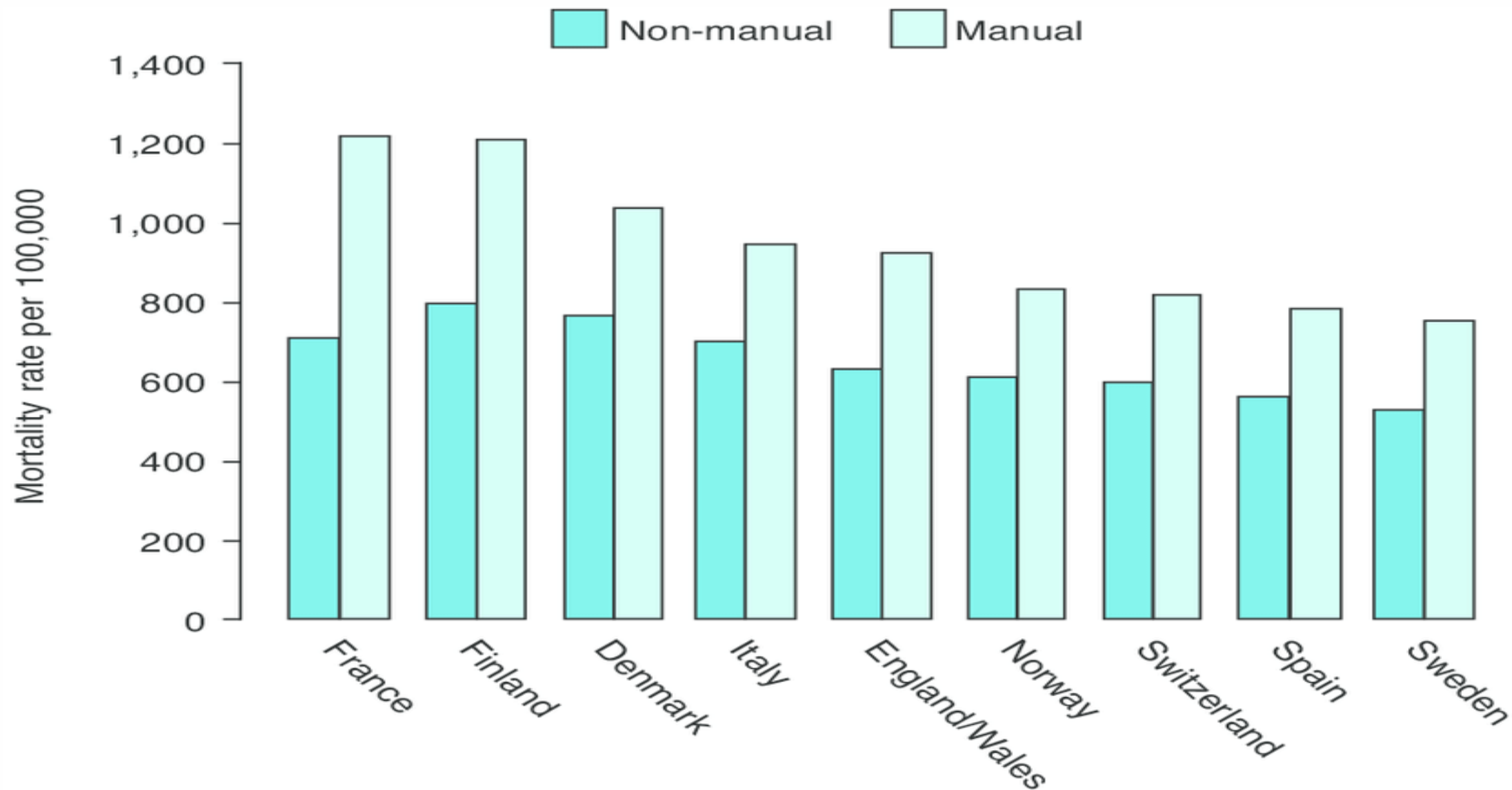


Source: Department of Finance and Personnel Northern Ireland; the data is the average for 2005 to 2009; updated Jan 2011

For all major causes, death rates for men aged 25 to 64 are much higher among those from manual backgrounds than those from non-manual backgrounds

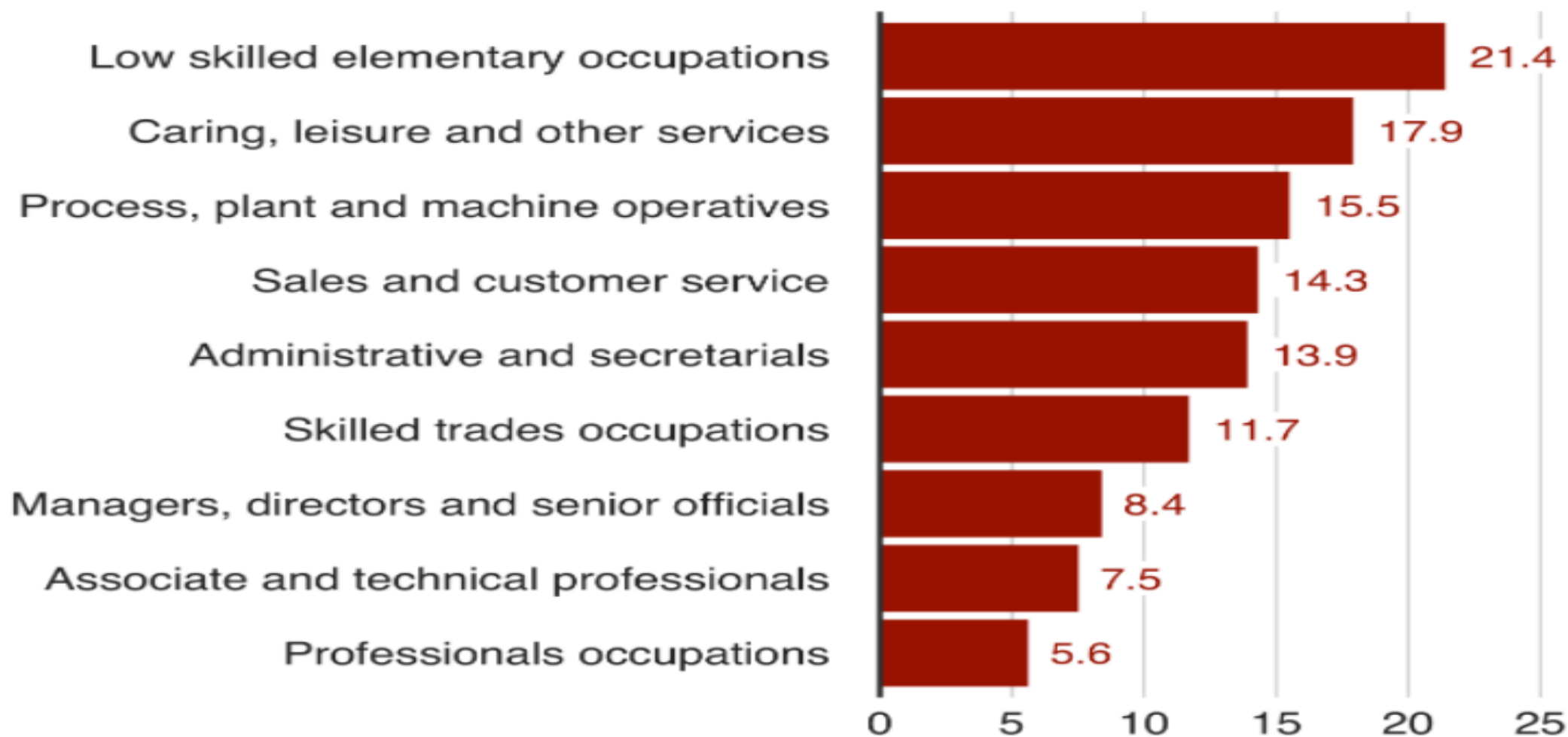


Source: Health Statistics Quarterly 38, ONS; the data is the average for 2001 to 2003 (first published in 2008); England & Wales; Jun 2009

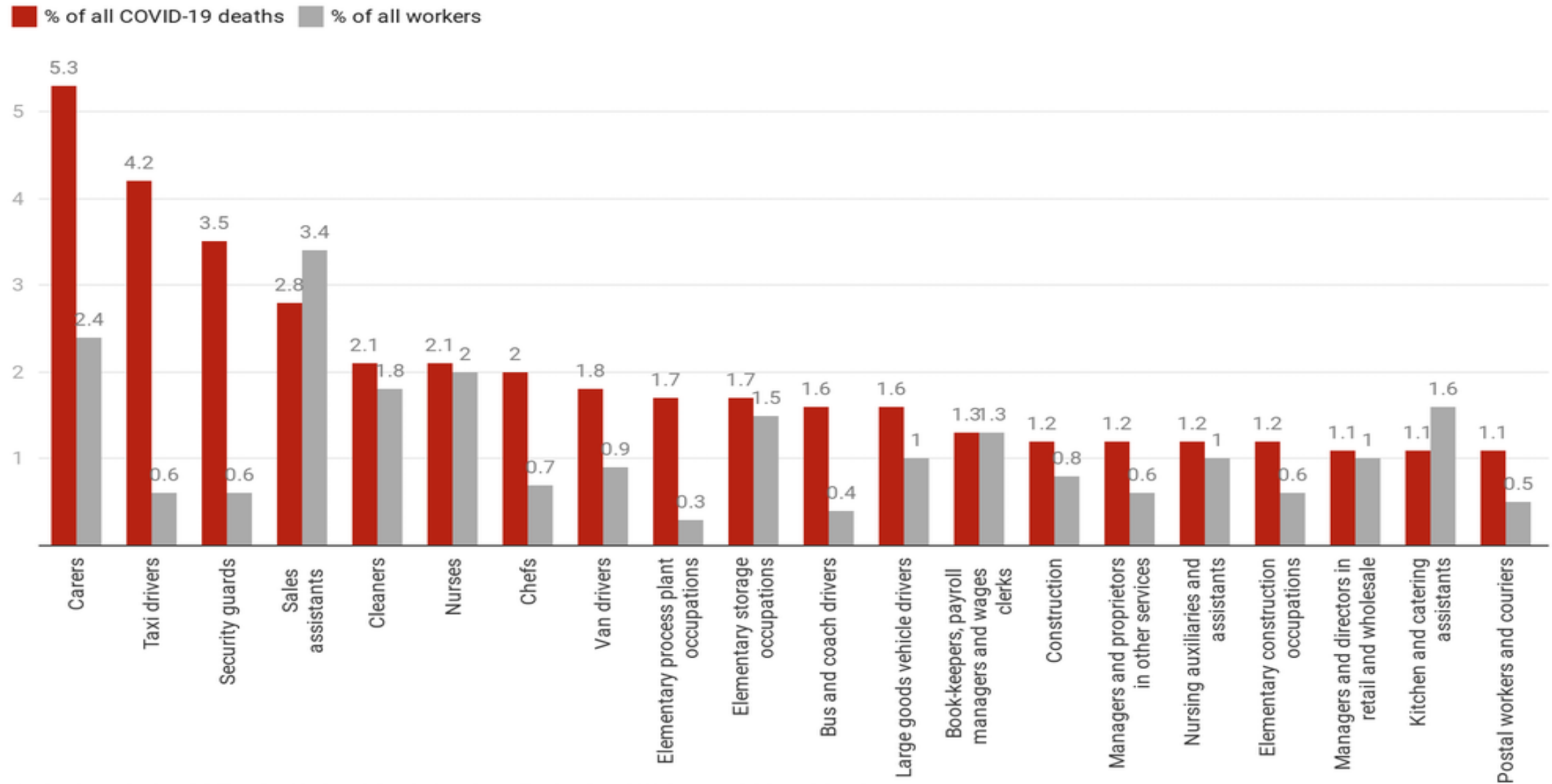


Occupations with the highest death rate linked to Covid-19

Deaths in England and Wales, per 100,000 workers adjusted for age



COVID-19 deaths in England & Wales by ONS job classification



Author's analysis of Office for National Statistics data. England and Wales aged 20 to 64 only.

Chart: The Conversation • Source: ONS

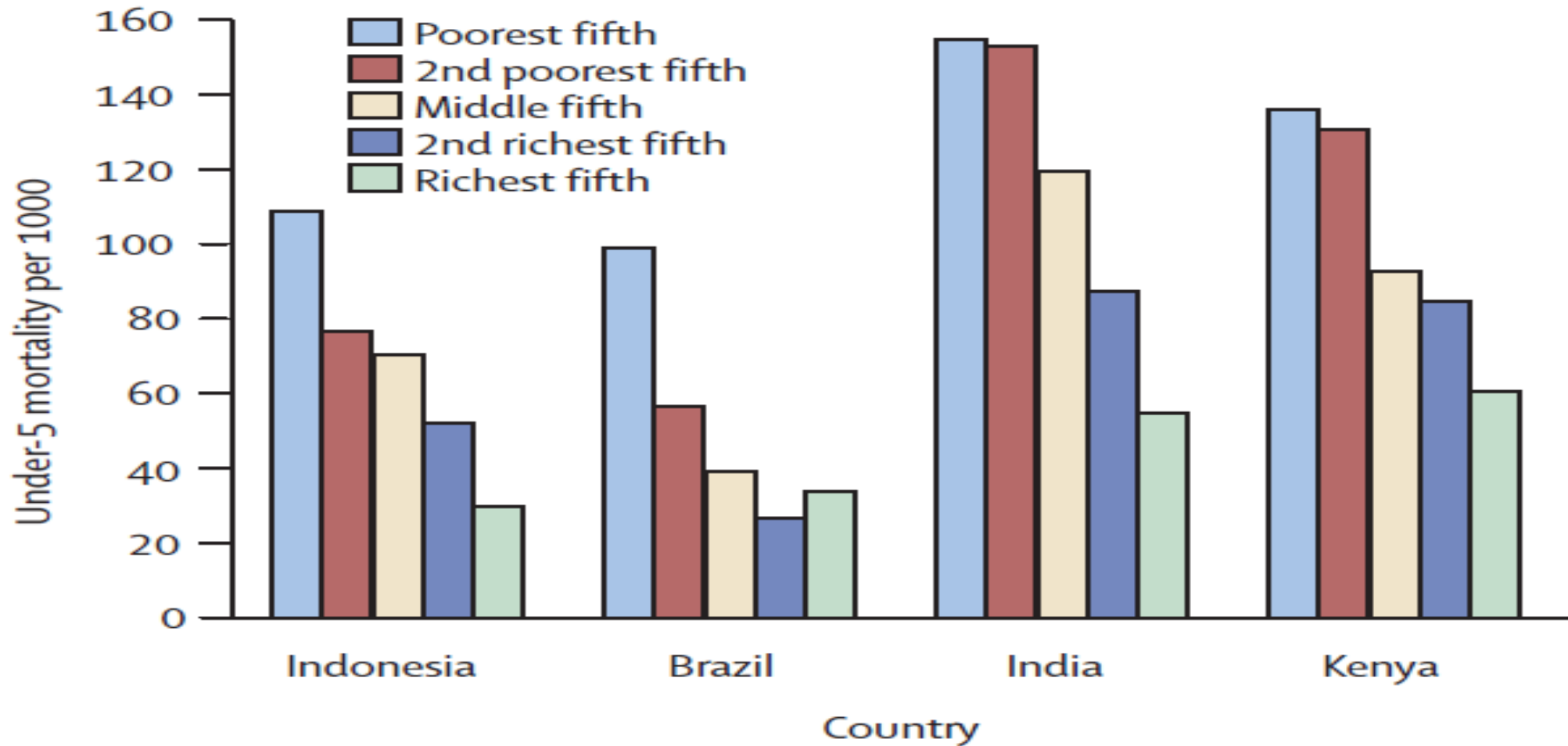
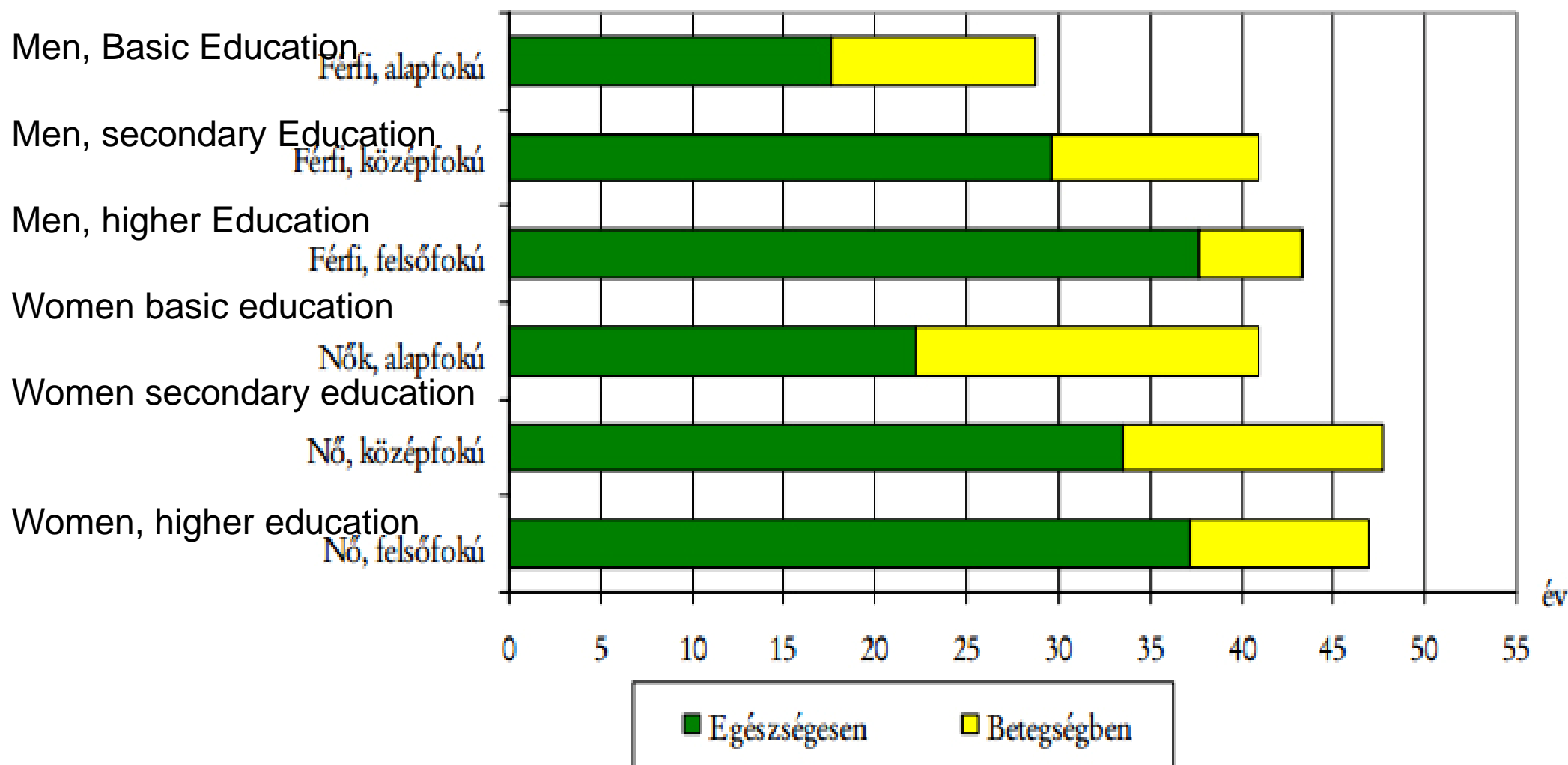


Figure 1: Under-5 mortality rates per 1000 livebirths by socioeconomic quintile of household

Reprinted from reference 9 with permission of Elsevier.

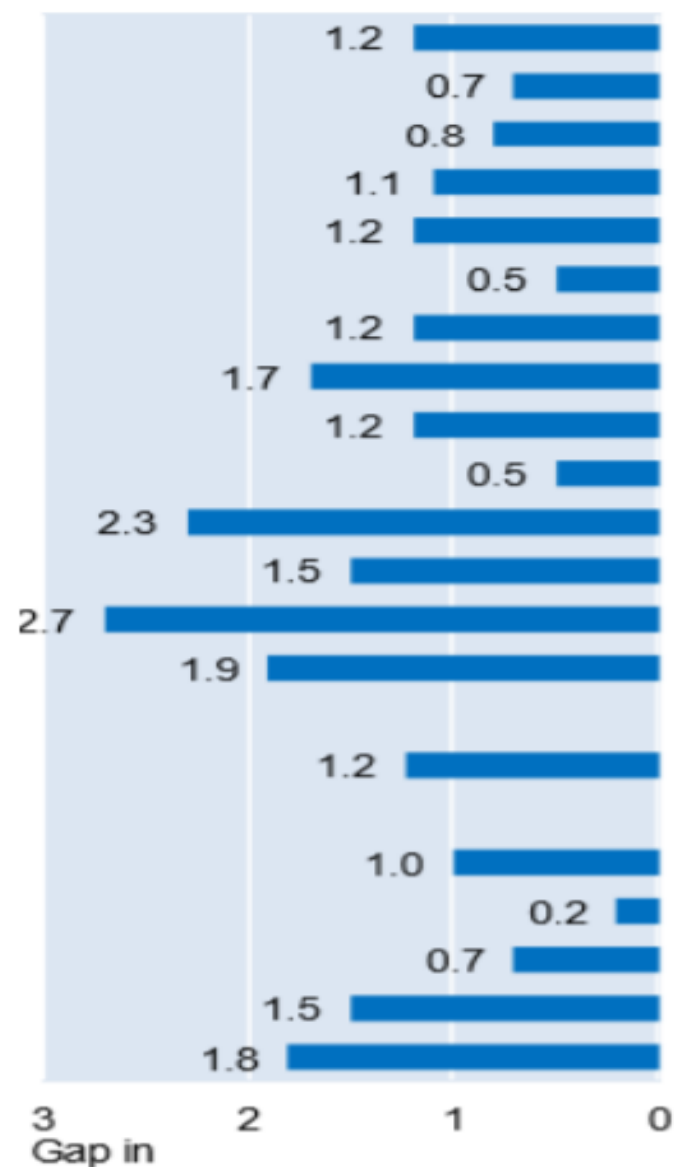
8. ábra. A 35 éves korra vonatkozó teljes (e) és egészségesen (e'), illetve betegségben várható (e-e') élettartamok iskolai végzettség szerint

Average life expectancy at 35. green- healthy life expectancy, yellow- total life expectancy

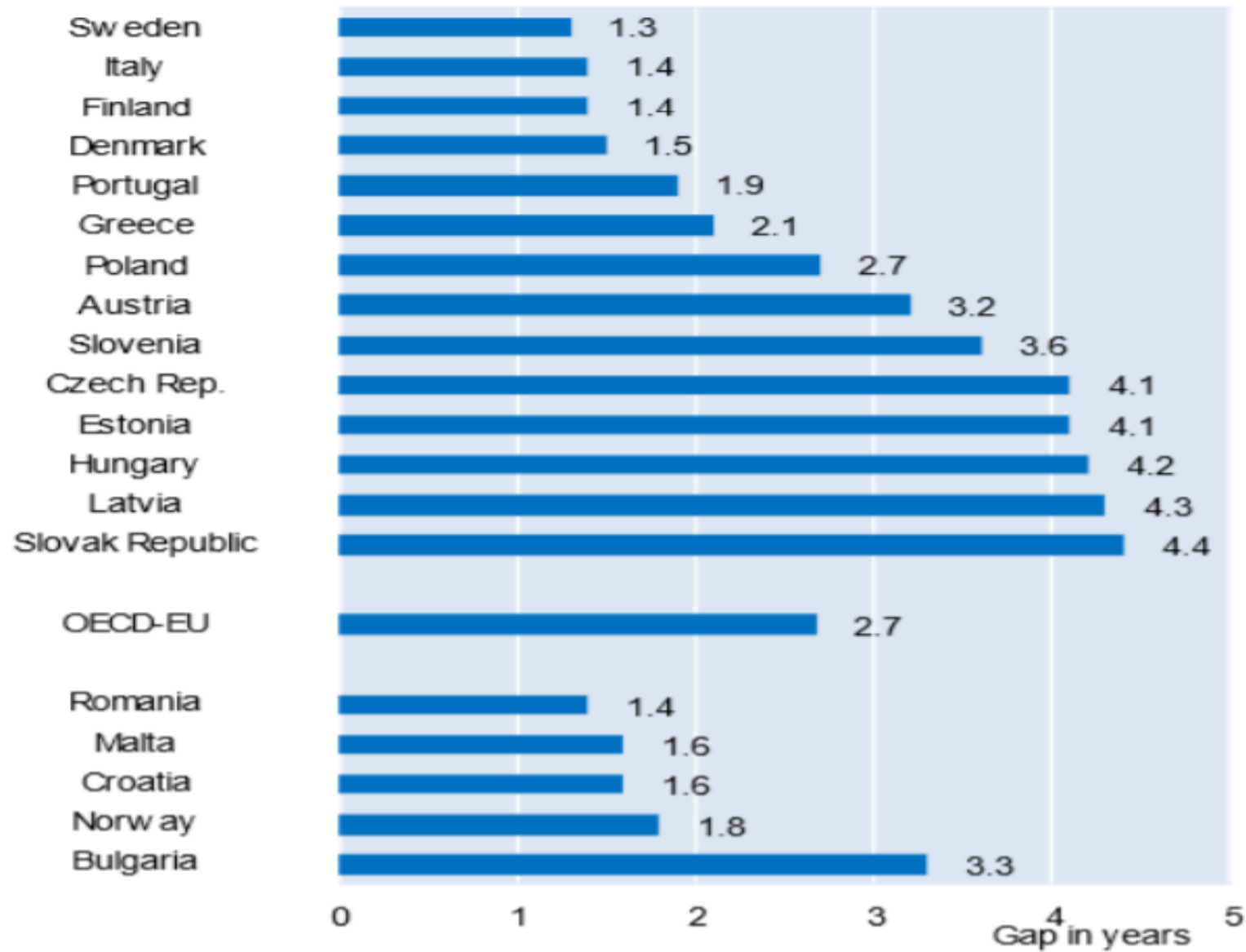


Gap in life expectancy at age 65 by gender and educational level, 2013 (or nearest year)

Women

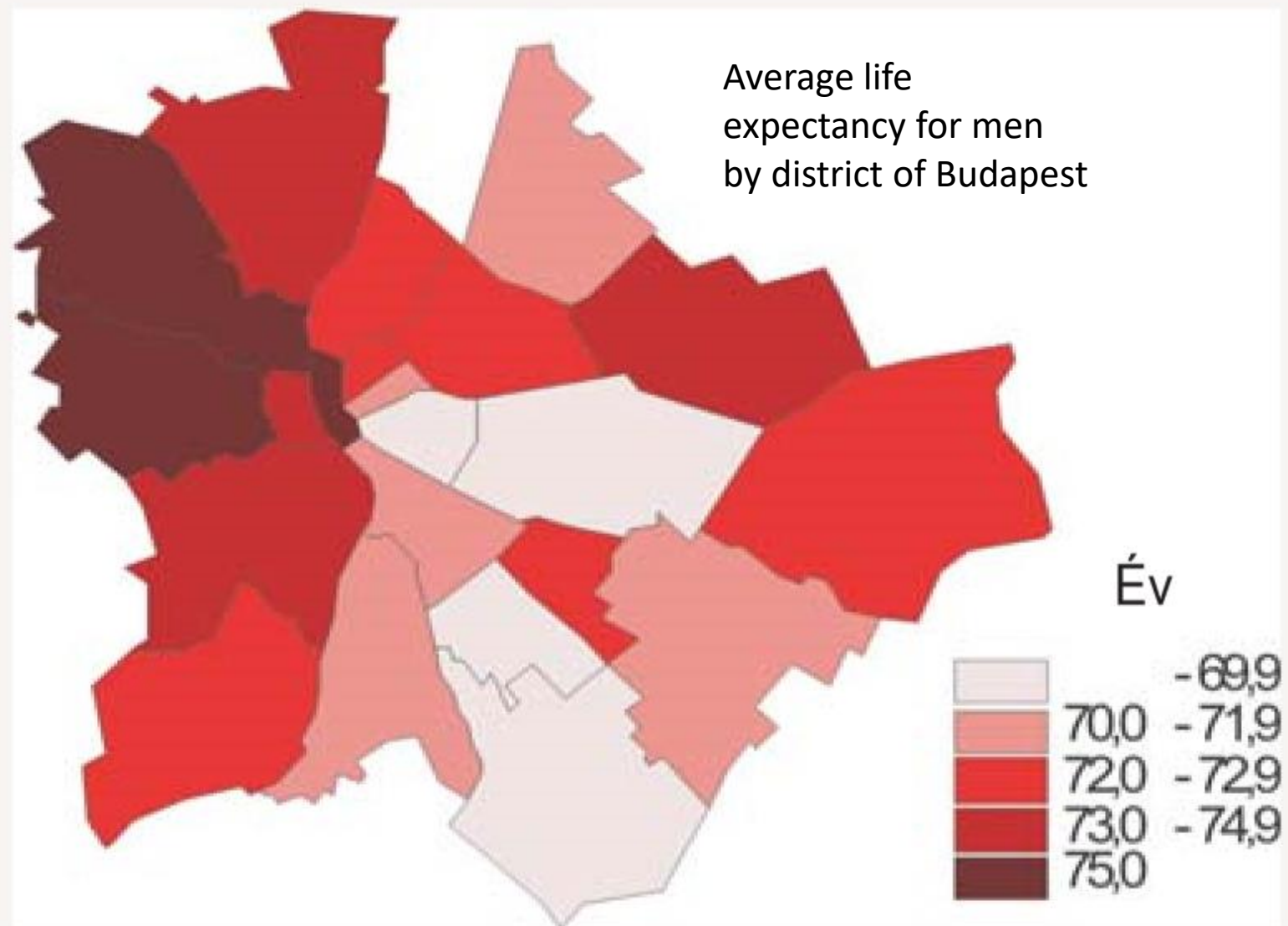


Men



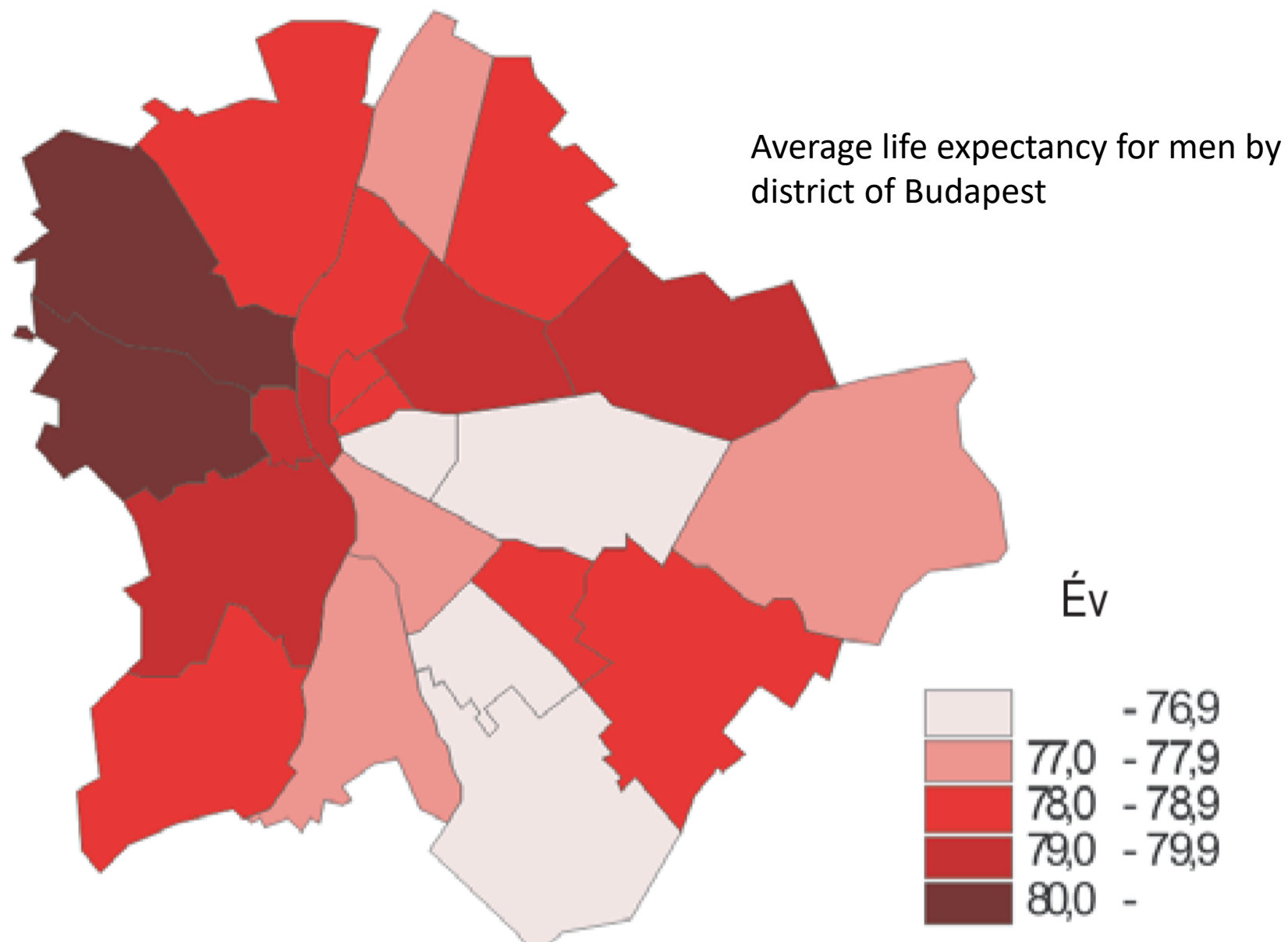


A férfiak születéskor várható átlagos élettartama Budapest kerületeiben, 2007–2009





A nők születéskor várható átlagos élettartama Budapest kerületeiben, 2007–2009

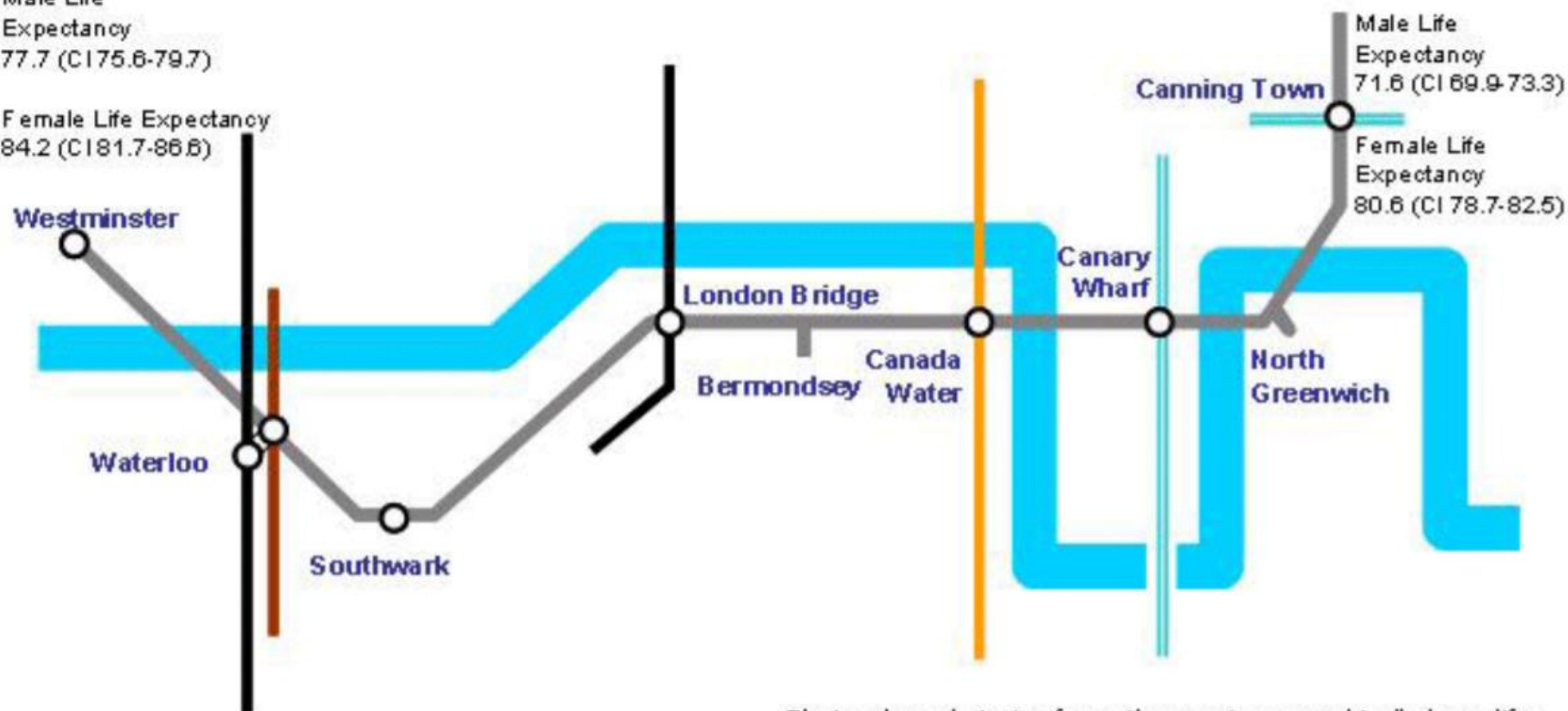


Differences in Life Expectancy within a small area in London

Travelling east from Westminster, each tube stop represents nearly one year of life expectancy lost

Male Life
Expectancy
77.7 (CI 75.6-79.7)

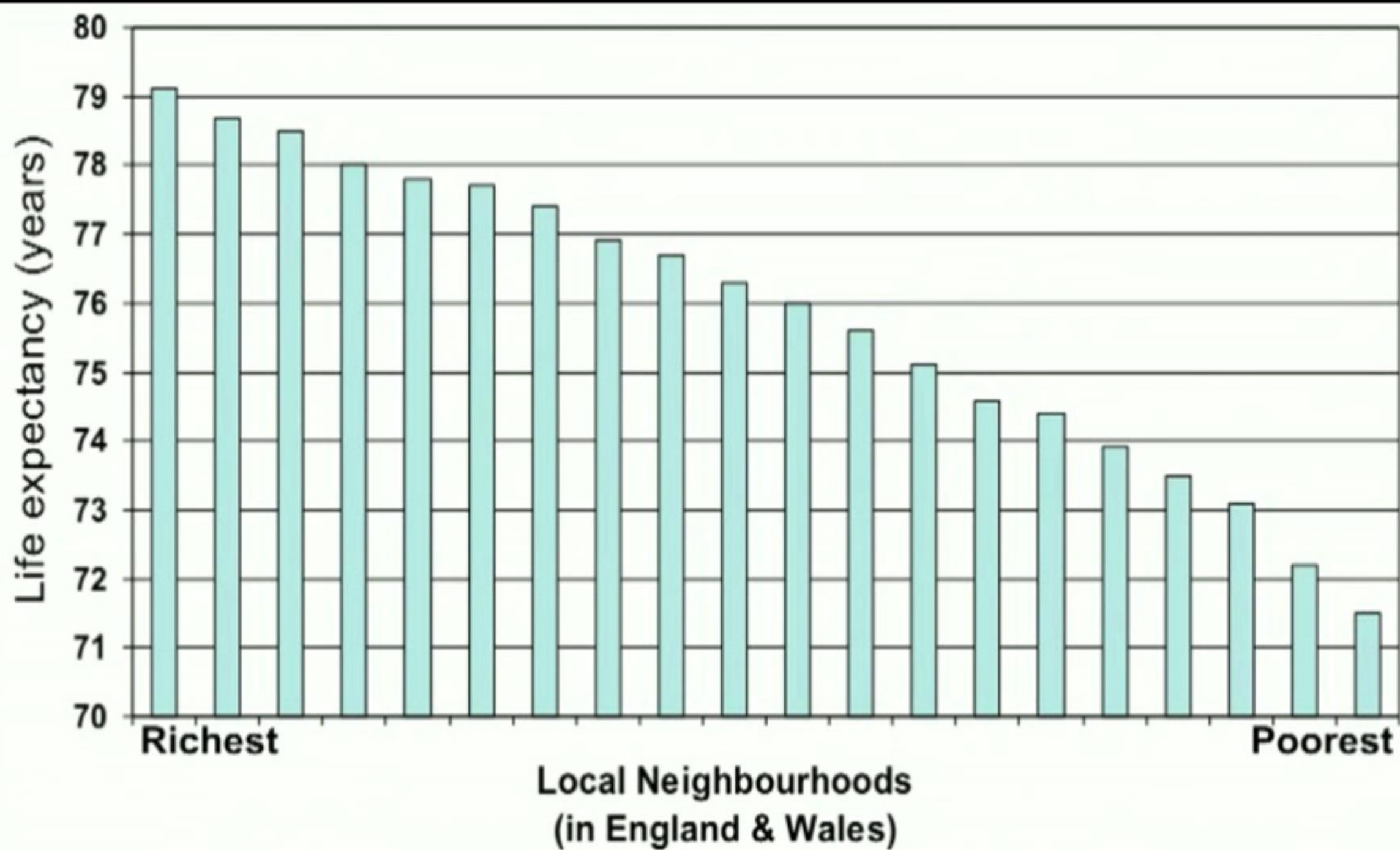
Female Life Expectancy
84.2 (CI 81.7-86.6)



London Underground Jubilee Line

Electoral wards just a few miles apart geographically have life expectancy spans varying by years. For instance, there are eight stops between Westminster and Canning Town on the Jubilee Line – so as one travels east, each stop, on average, marks nearly a year of shortened lifespan.¹

¹ Source: Analysis by London Health Observatory using Office for National Statistics data. Diagram produced by Department of Health



General Health Status among US Adults*, by Race or Ethnicity



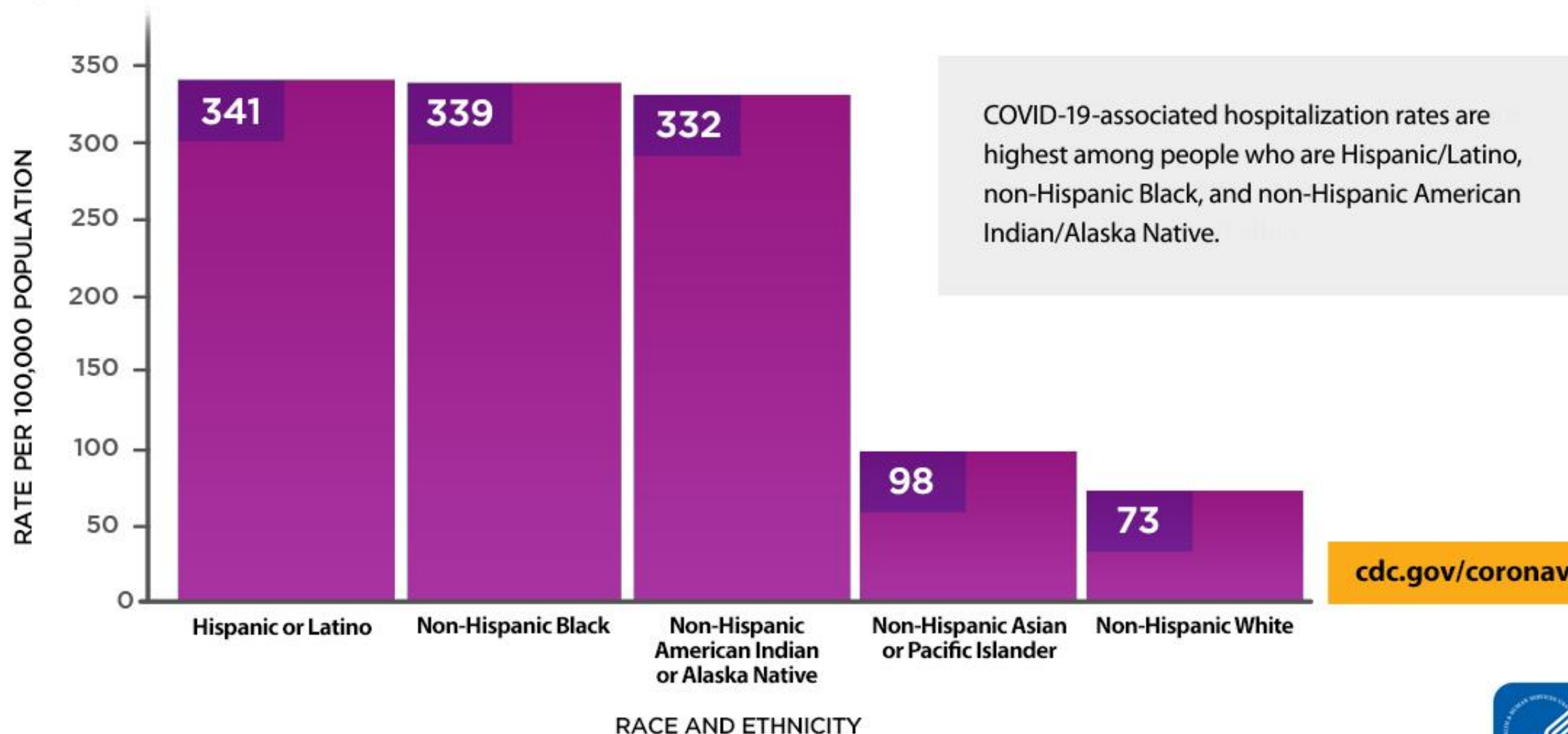
Race or Ethnicity	Excellent/ Very Good Health Status	Good Health Status	Fair/Poor Health Status
Non-Hispanic White	59.3%	27.8%	12.9%
Non-Hispanic Black	44.4%	34.6%	21.1%
Hispanic	33.6%	35.4%	31.1%
Asian	55.8%	33.8%	10.4%
Hawaiian/PI [^]	55.4%	29.7%	14.8%
Native American ⁺	42.7%	32.8%	24.5%

*Aged 18 years or older, [^]Pacific Islander,

⁺Includes American Indians and Alaska Natives

Age-adjusted COVID-19-associated hospitalization rates by race and ethnicity

COVID-NET, MARCH 1 - SEPTEMBER 5, 2020



Rates are statistically adjusted to account for differences in age distributions within race/ethnicity strata in the COVID-NET catchment area. Rates are based on available race and ethnicity data which is now complete in 94.2% of cases from COVID-NET sites. COVID-19-associated hospitalization rates for American Indian and Alaska Natives may be impacted by recent outbreaks among specific communities within this population and the small numbers of American Indian and Alaska Natives cases included in COVID-NET.



Benefits of Being on Top: Winning an Academy Award and Living Longer

Life expectancy at birth

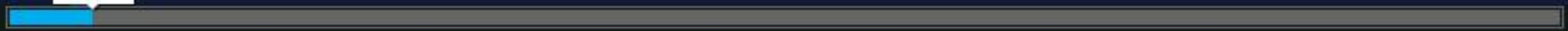
Actors	75.8
Nominees	76.1
Winners	79.7

**3.6 years gained, or a 25% reduction in death rate
compared to nominees (95% CI: 5%-41%)**

Source: DA Redelmeier and SM Singh, "Survival in Academy Award-Winning Actors and Actresses," *Annals of Internal Medicine* 2001; 134: 955-96



02:40



Key terms:



- **Social inequality** The existence of unequal opportunities or rewards for people in different social positions.
- **Social stratification** The fairly permanent ranking of positions in a society in terms of unequal power, prestige, or privilege.
- Not just money. Statuses such as gender, ethnicity, education level, age might also be ranked.
- **Socioeconomic Status** is the social standing of an individual or group. It is often measured as a combination of education, income, residency type and occupation
- Belonging to certain categories might make your chances of achieving the good things in life easier or more difficult.
- Statuses determine:
- **Life chance** asymmetrically distributed access to socially valued benefits.
- **Life style** patterns of consumption of material and cultural goods



- Social position may effect health through

- Materialist explanation



- Cultural- behavioural explanations

My Culture. My Life.

- Psycho-social explanations



Materialist explanation

- there are health inequalities because lower socioeconomic groups lack the resources to maintain good health and to protect themselves from the hazards that cause bad health
- poverty exposes people to greater health hazards, e.g. poor housing, air pollution, insufficient or unhealthy food.
- Buy cheaper, worse quality food

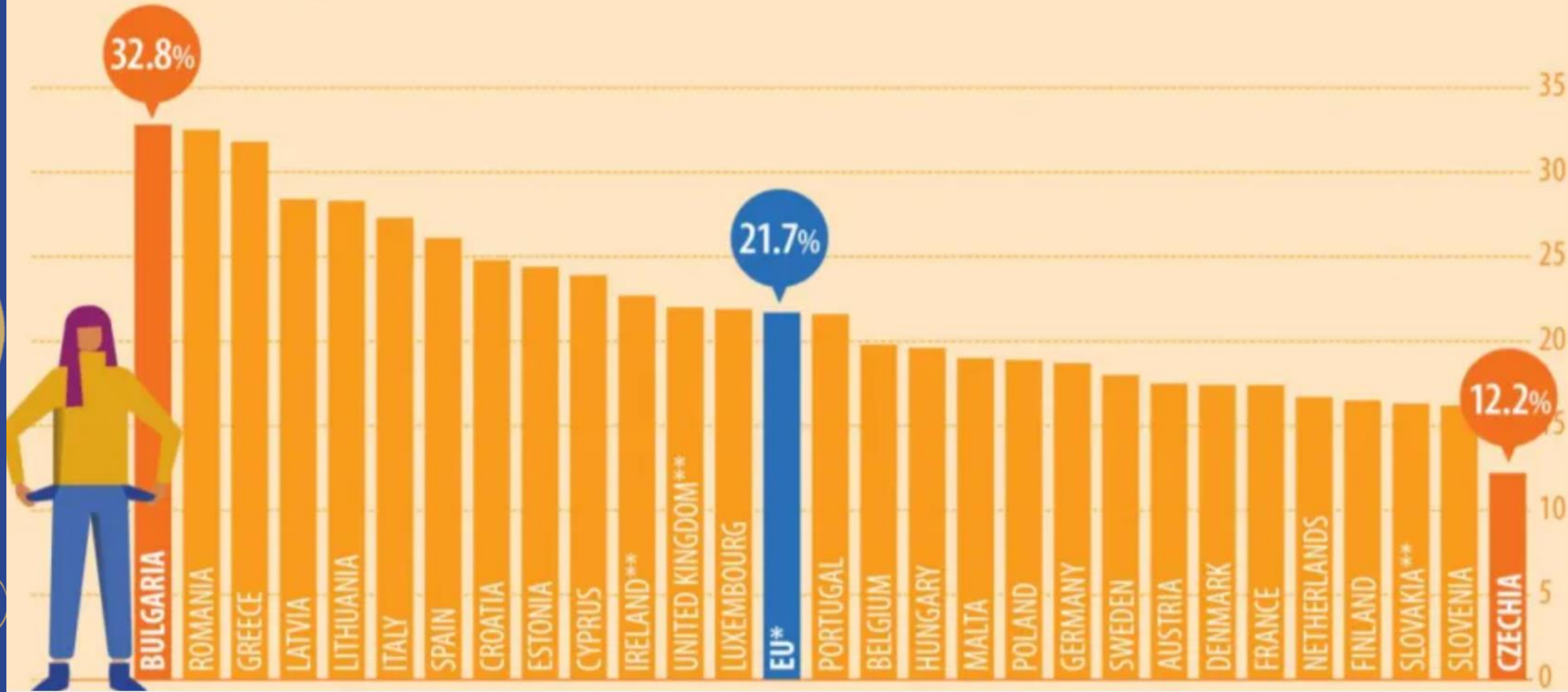


- **Types of poverty**
- **Subjective poverty** is an individual's perception on his or her financial/material situation. Poverty is defined on the basis of individual feeling.
- **Relative poverty** views poverty as socially defined and dependent on social context, hence relative poverty is a measure of income inequality. Usually, relative poverty is measured as the percentage of the population with income less than some fixed proportion of median income. Only the bare necessities can be afforded
- **absolute poverty** is when people lack the basic necessities
 - not adequate food, clean water, safe housing, and access to healthcare.
- Absolute poverty is defined by the World Bank as when someone lives on less than \$1.25 a day.



People at risk of poverty or social exclusion in the EU Member States

(% of total population, 2018 data)



- Those who are most likely to experience food poverty in the developed world
- people living on low incomes or who are unemployed
- households with dependent children
- single mothers
- older people
- people with disabilities
- members of minority ethnic communities



- Food poverty and effects on health Poor diet is a major health risk. It contributes to:
- almost 50% of CHD deaths
- 33% of all cancer deaths
- increased falls and fractures in older people
- low birthweight and increased childhood morbidity and mortality
- increased dental caries in children.





Semmelweis University
<http://semmelweis.hu>

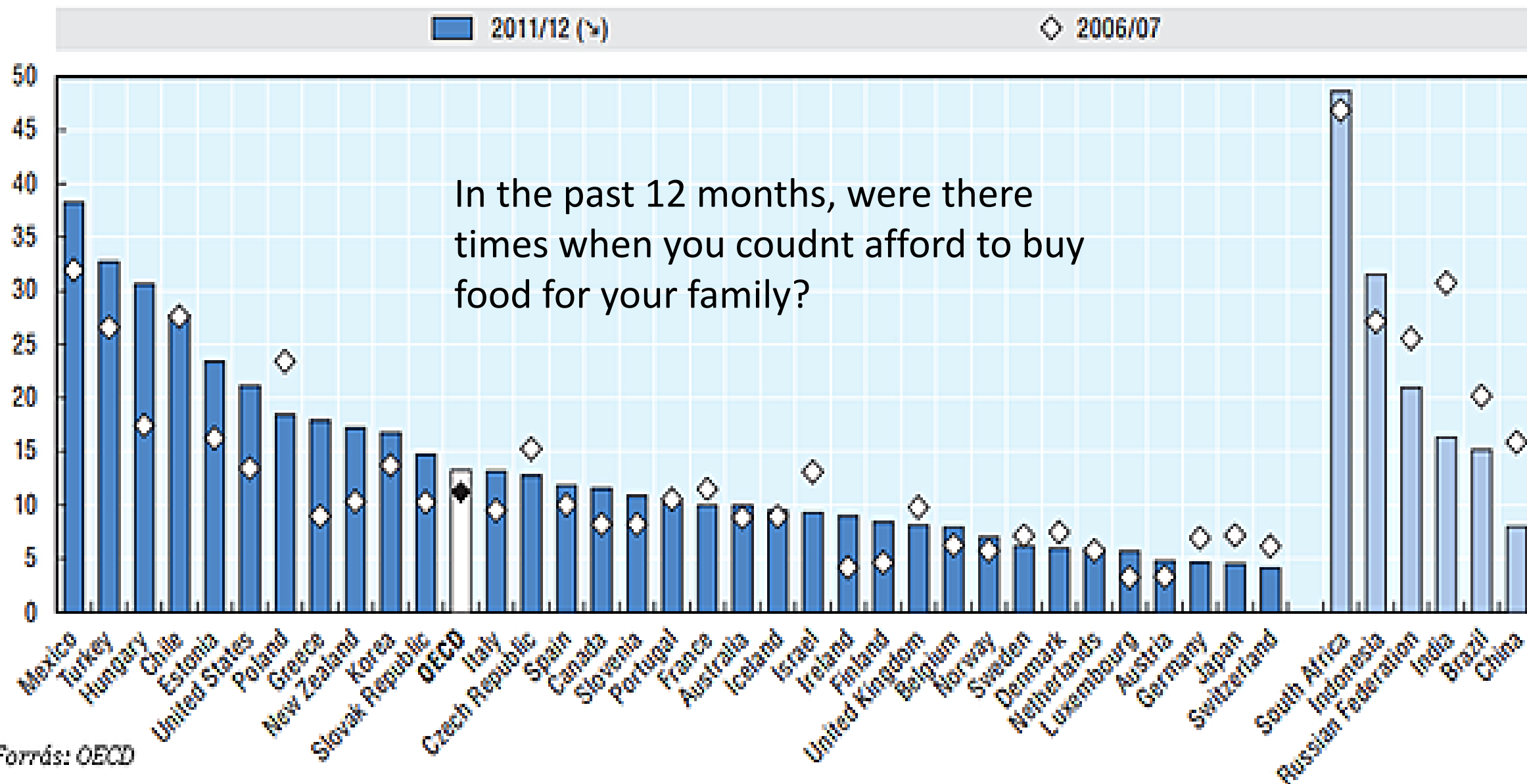
Előadás social stratification and healths főcíme
Előadás alcíme

Bence Döbrössy



Growing numbers of people feel they cannot afford food

Percentage of survey respondents



MY



NEIGHBORHOOD

IS



KILLING



ME



Semmelweis University
<http://semmelweis.hu>

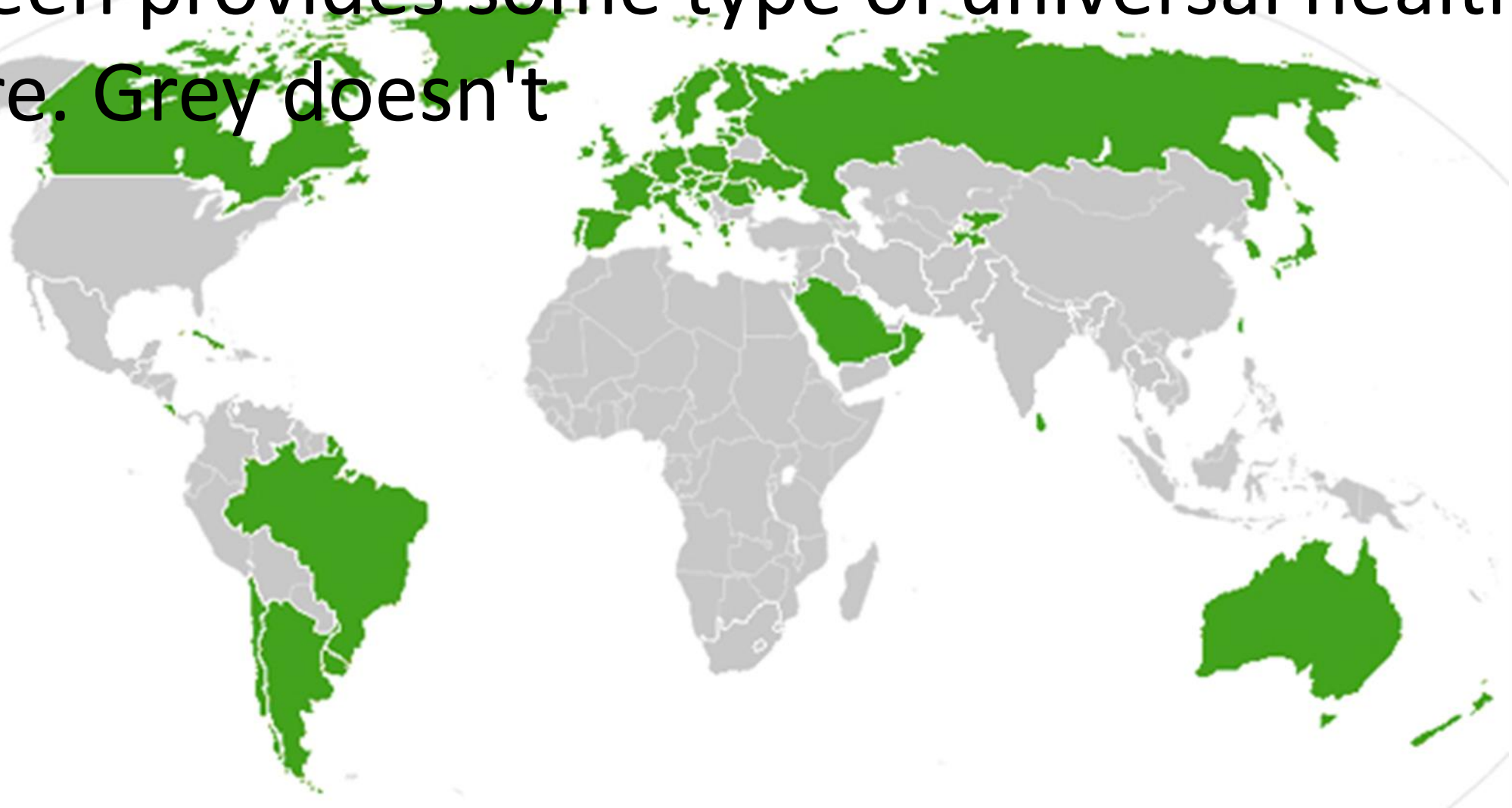
Előadás social stratification and healths főcíme
Előadás alcíme

Bence Döbrössy

- Tudor Hart- Invers care law
- The availability of good medical care tends to vary inversely with the need for it in the population served. This ... operates more completely where medical care is most exposed to market forces, and less so where such exposure is reduced.



Green provides some type of universal health care. Grey doesn't



https://www.who.int/gho/health_workforce/physicians_density/en/



Semmelweis University
<http://semmelweis.hu>

Előadás social stratification and healths főcíme
Előadás alcíme

Bence Döbrössy

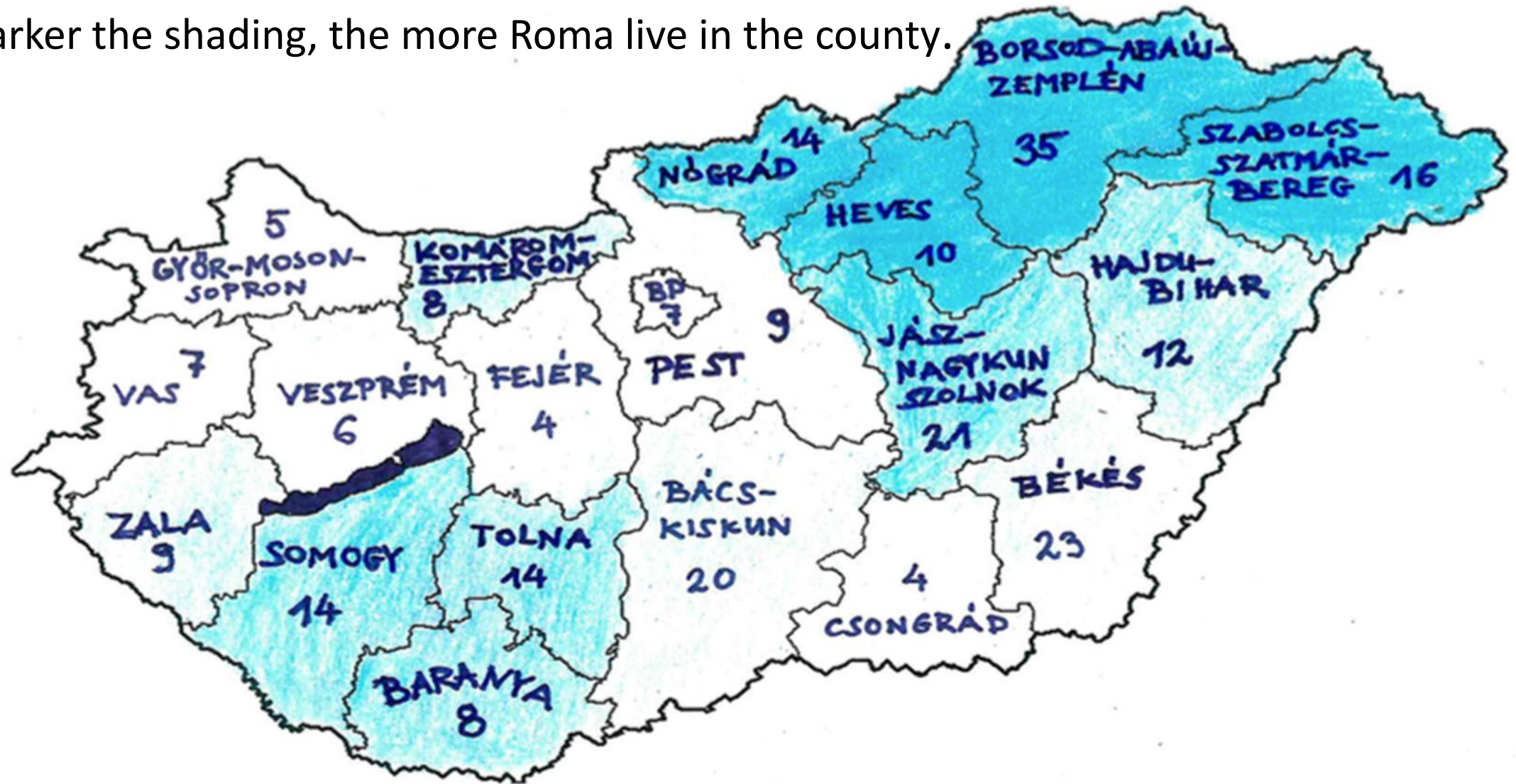
TABLE 1. Availability of health services around the world

Country grouping	Hospital beds per 10,000 population	Doctors per 1000 population	Nurses per 1000 population
Economic group			
Low-income countries	9	0.49	0.83
Lower middle-income countries	21	0.97	1.45
Upper middle-income countries	41	2.10	3.81
High-income countries	57	2.67	8.16
WHO region			
Africa	<1	0.21	0.93
Americas	25	1.94	4.88
Eastern Mediterranean	13	0.74	1.11
Europe	64	3.2	7.43
Southeast Asia	9	0.52	0.81
Western Pacific	31	1.1	1.7
World	26	1.23	2.56

Note: Population-weighted averages.

Source: Author's calculations and World Health Organization, 2007.¹⁰⁵

The numbers are the long-term unfilled GP (primary care doctors) positions in the region.
The darker the shading, the more Roma live in the county.



There are social class differences in health behaviour

Cultural- Behavioural explanations

Norms, values and practices of people shape how they experience health, illness and behave in health care settings.

My Culture. My Life.



Health behaviour

- ↳ Behaviour of individuals to protect, maintain or promote their health status
- ↳ at risk behaviour
- ↳ Preventive behaviour
- ↳ Health attitude: expression of favour or disfavour towards risk and preventive behaviour



Lifestyle ,choices'

↪ Men in the lower socio-economic groups are four times more likely to die from lung cancer than men in top socio-economic groups

↪ Women in lower economic groups are 3.5 times more likely to die of cardio-vascular disease than those in top groups



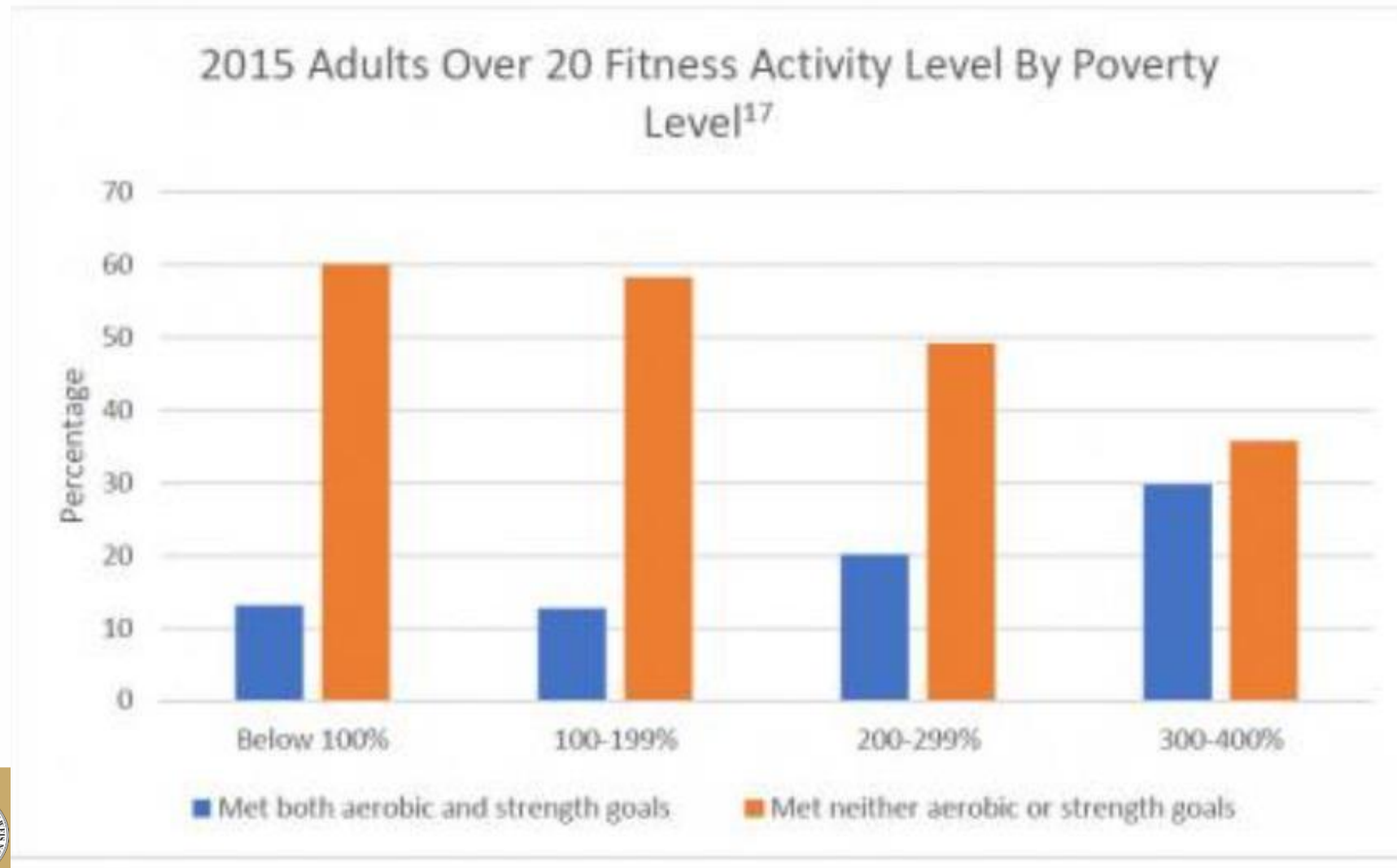


Semmelweis University
<http://semmelweis.hu>

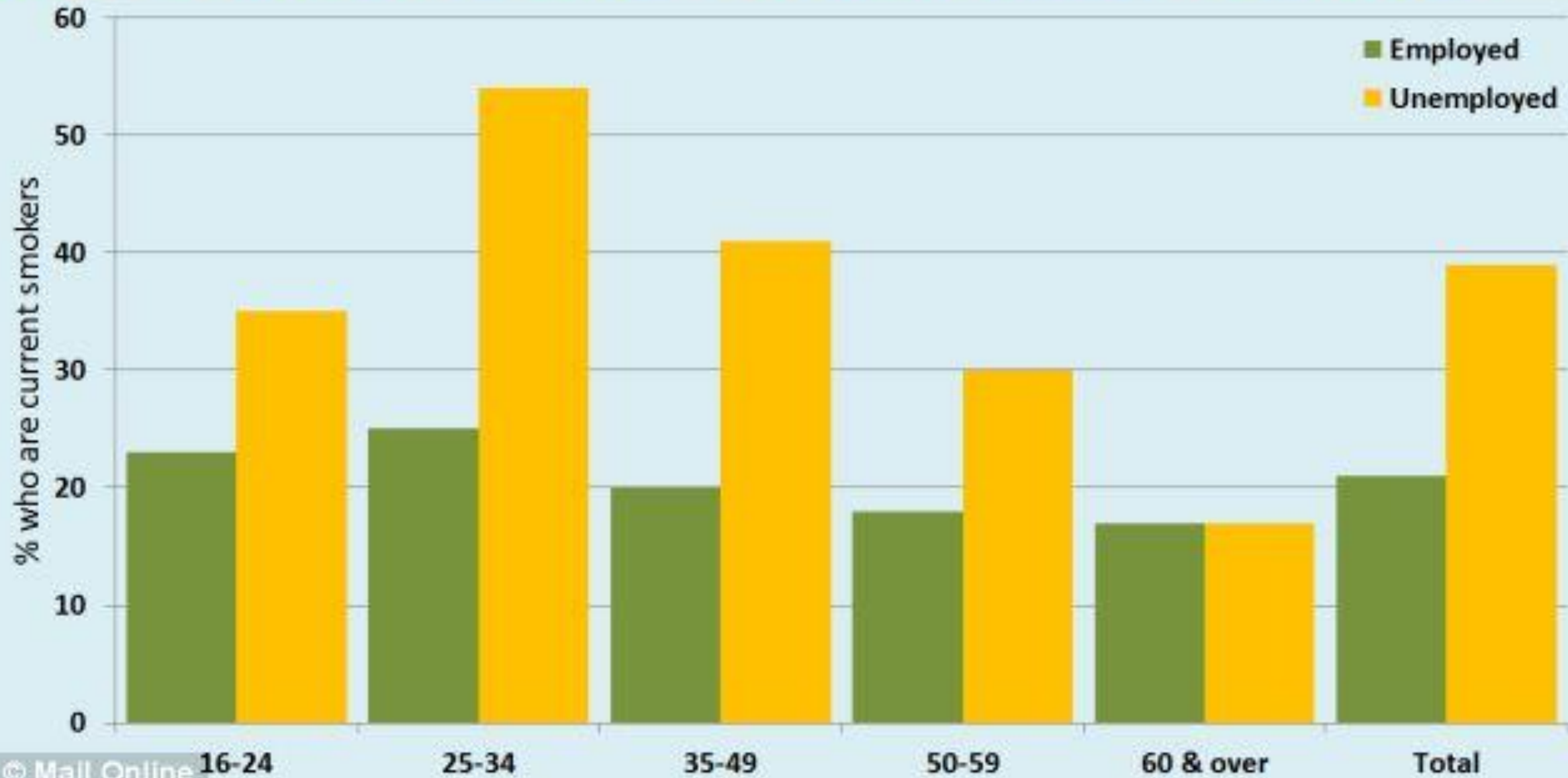
Előadás social stratification and healths főcíme
Előadás alcíme

Bence Döbrössy

<https://www.nata.org/blog/jordan-grantham/socioeconomic-status-and-its-impact-health-care>



HOW UNEMPLOYED ARE TWICE AS LIKELY TO SMOKE



© Mail Online

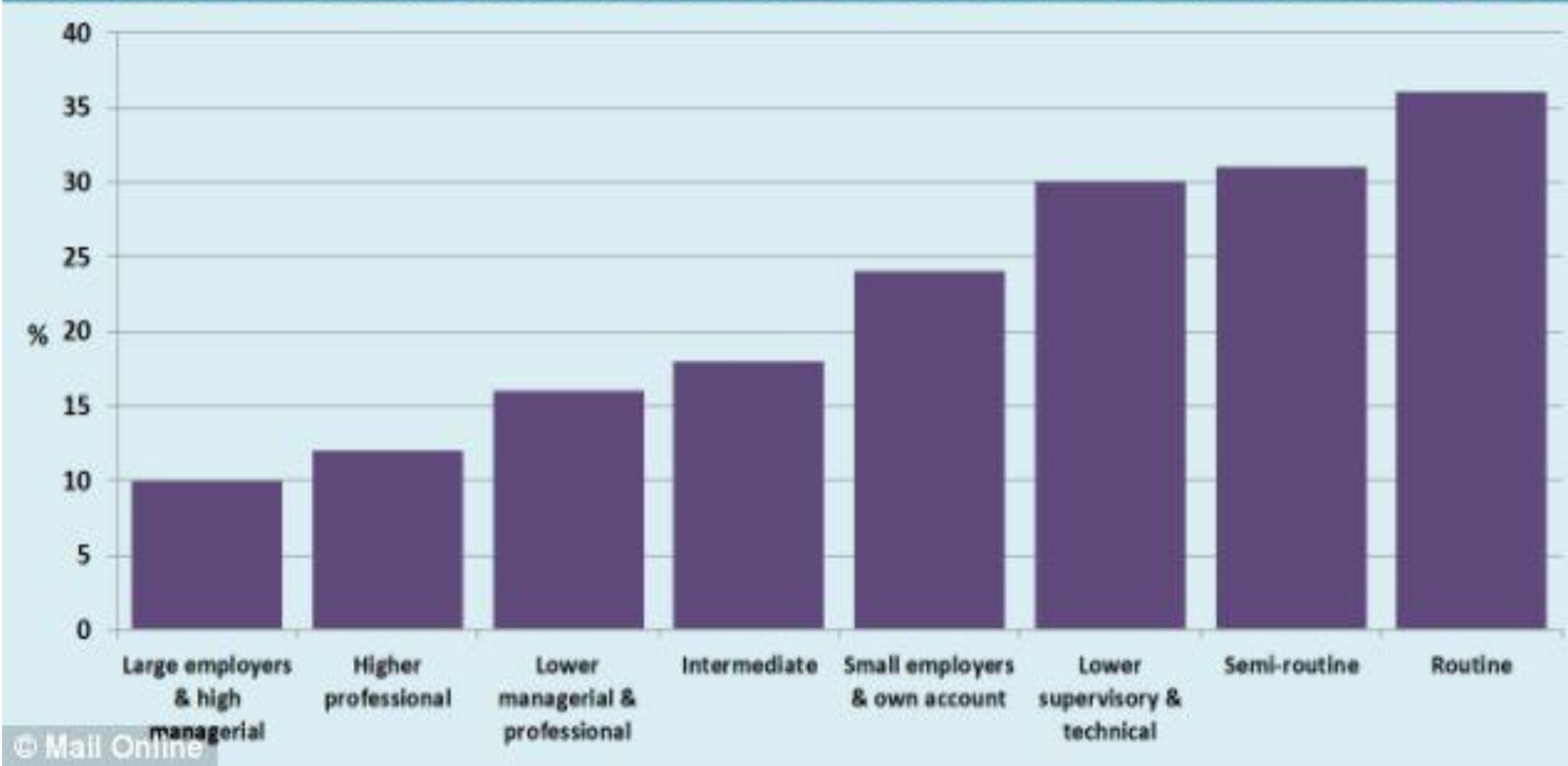


Semmelweis University
<http://semmelweis.hu>

Előadás social stratification and healths főcíme
Előadás alcíme

Bence Döbrössy

SMOKING HIGHEST AMONG PEOPLE IN ROUTINE AND MANUAL JOBS





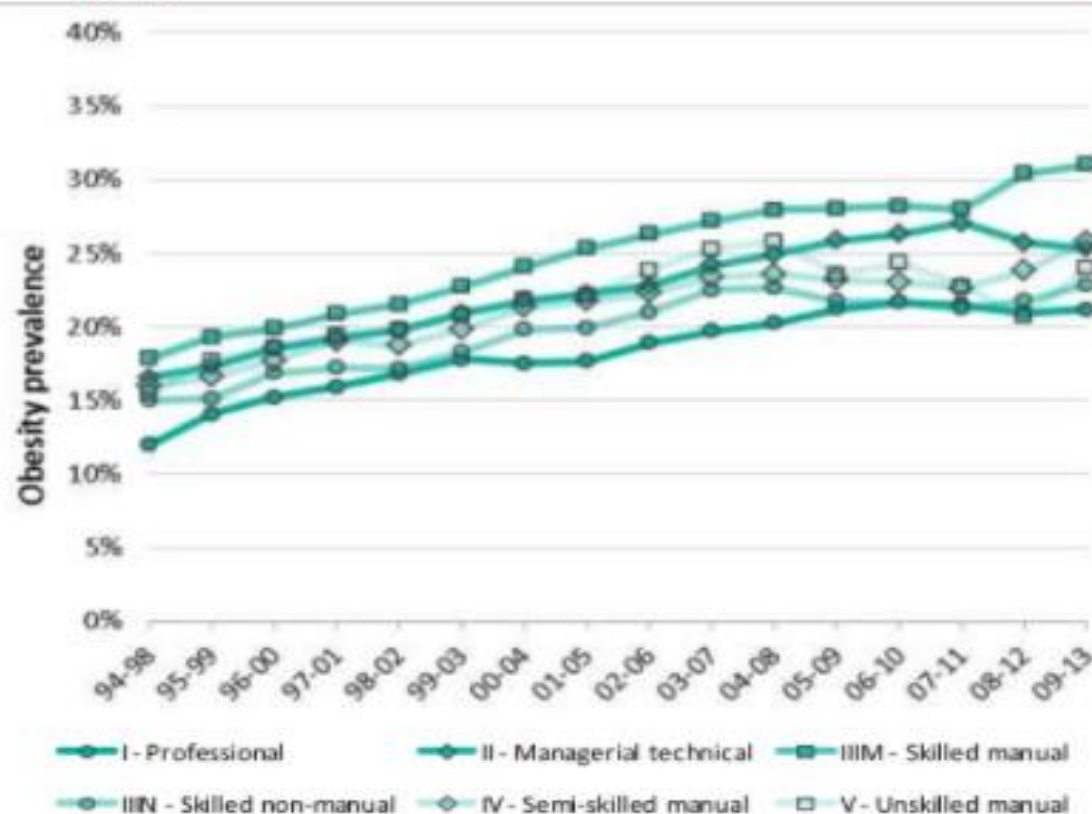
Public Health
England

Trend in adult obesity prevalence by social class

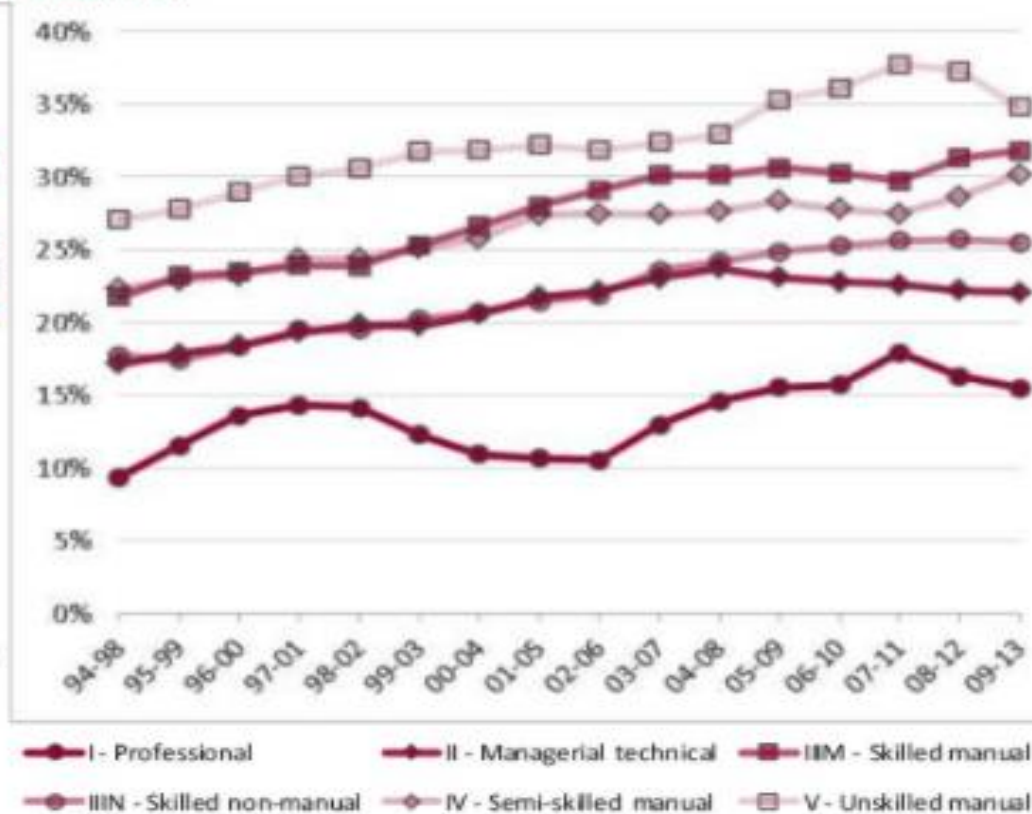
Health Survey for England 1994 to 2013 (five-year average*)

Adult (aged 16+) obesity: BMI $\geq 30\text{kg/m}^2$

Men



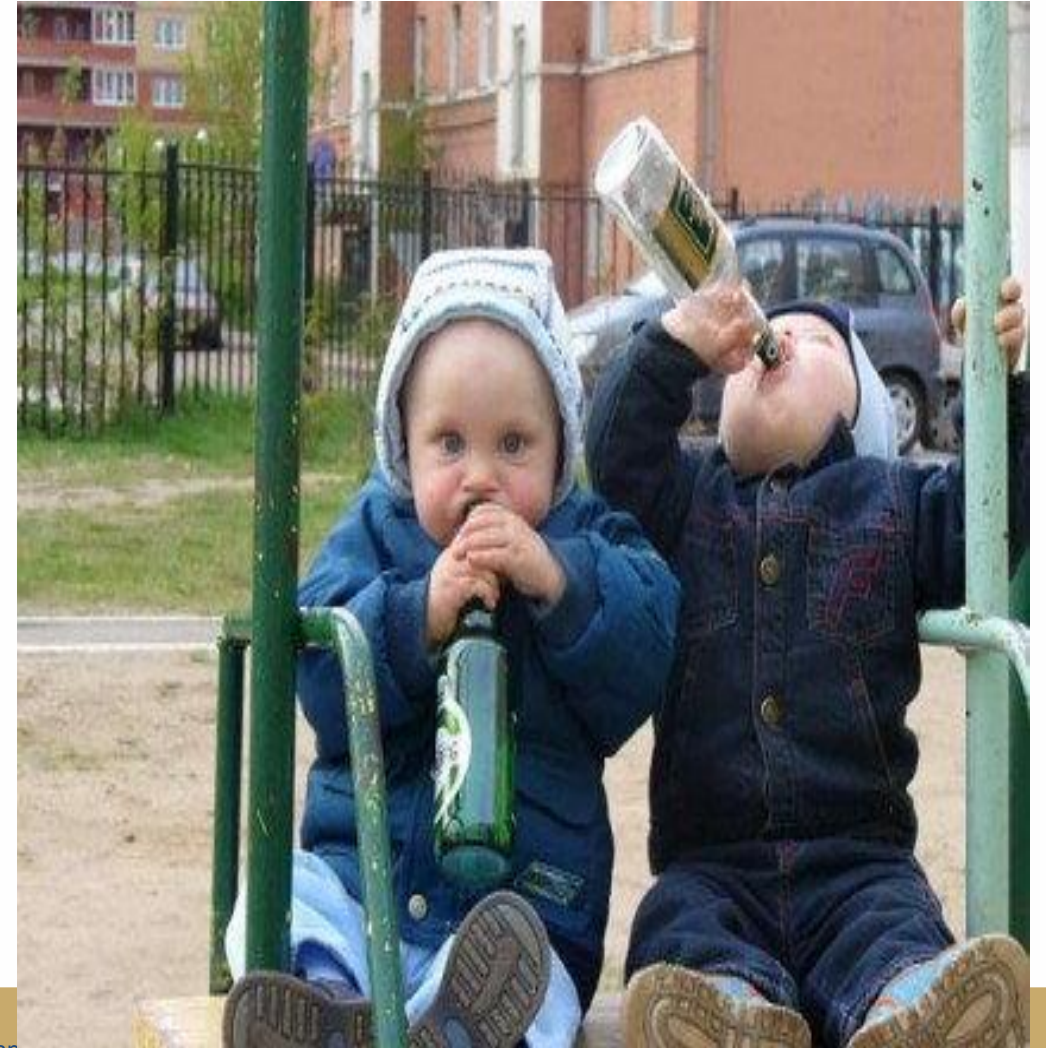
Women



*No data on social class was collected in 2010 and 2011. Therefore data presented as 06-10 are based on a four year average. Data presented for 07-11, 08-12, and 09-13 are based on a three year average.

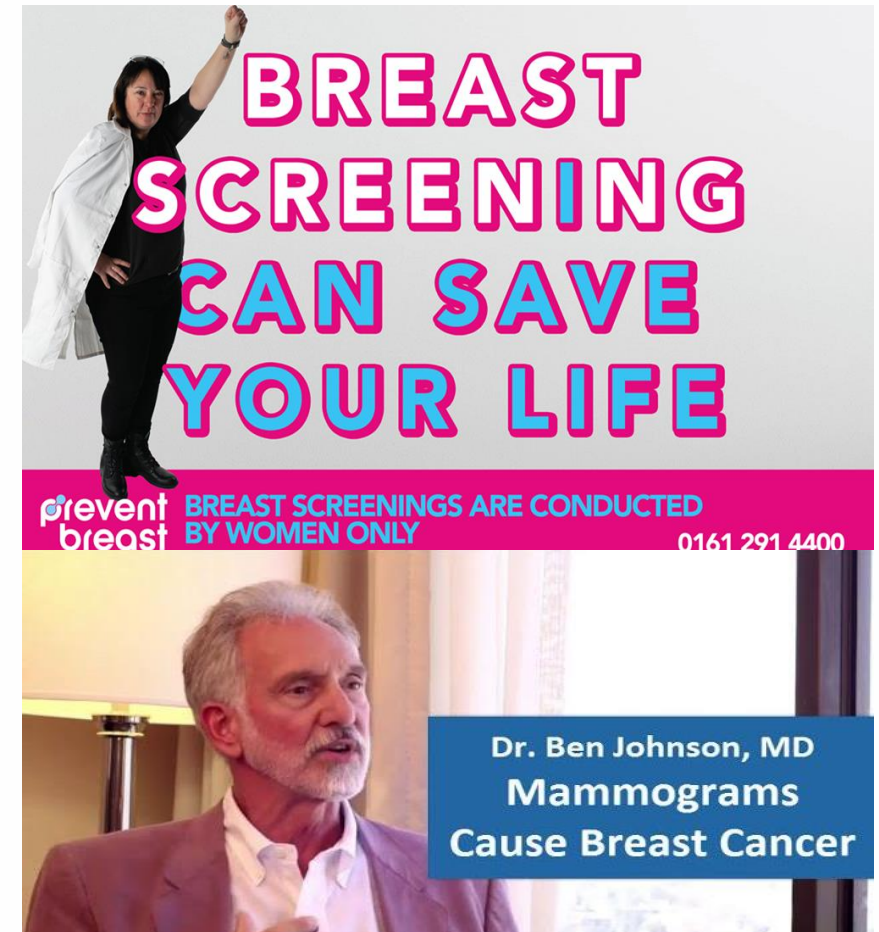
Culture of eating in lower classes

- healthy eating takes time to prepare. If both parents are working, this is more difficult.
- influence of media - fast food, convenience food, sugar added food. These are especially attractive to and aimed at children
- ...Greater need for comfort food
- Lower classes prefer quantity over quality



Health literacy and culture

the ability to obtain, read, understand and use healthcare information to make appropriate health decisions and follow instructions for treatment



The European Health Literacy Survey (HLS-EU 47)- self rated difficulty with getting, understanding, appraising and using health information (Koltai – Kun 2016).

	Inadequate	Probematic	Sufficient	Excellent
Hungary	19%	33%	38%	10%
Poland	10%	34%	36%	20%
Bulgaria	27%	35%	27%	11%
Greece	14%	31%	40%	16%
Spain	8%	51%	33%	9%
Ireland	10%	30%	39%	21%
Austria	18%	38%	34%	10%
Germany	11%	35%	34%	20%
Netherlands	2%	27%	46%	25%
EU 8	12%	35%	36%	17%



Antecedents of low health literacy

- the elderly
- low education
- low income
- minority culture
- language

Consequences of low health literacy

- more emergency room visits
- longer hospital stays
- worse adherence to treatment plan
- worse subjective health
- worse mortality (Berkman et al. 2011)
- less likely to benefit from health education (Von Wagner et al, 2009)
- lower mammography knowledge (Davis et al, 1996)



There are cultural differences in Illness behavior

- ‘Activities people undertake in trying to make sense of their symptoms, interpret them and seek remedy if necessary’ (Mechanic)
- Illness behavior is an interpreting, decision making process.
- What is the significance of these symptoms?
- What options are available in coping with them?
- What are the costs and benefits are entailed in going to see a dentist?



Psycho-social explanations- stress



- Debt, paying the bills , lack of security
- Sense of failure by standards of society
- Living from one day to the next
- ALL THIS EFFECTS HEALTH INDIRECTLY THROUGH BEHAVIOUR AND DIRECTLY THROUGH *PSYCHOSOMATIC ILLNESS*

Lower level work may be worse for the soul:

- ▷ Inadequate reward, high demand, low control, not using skills, low authority, bullying
- ▷ lower prestige jobs, lower self esteem
- ▷ Low control and high demand lead to strain
- ▷ Lack of appreciation (financial and moral)
- ▷ Much higher threat of unemployment
- ▷ In a materialistic society success and individual worth is defined by consumption power.
- ▷ Can't consume- feel worthless, alienated. Sense of constant stress, depression. Having a dead –end life.



The Spirit Level: Why More Equal Societies Almost Always Do Better^[1] is a book by Richard G. Wilkinson and Kate Pickett

Index of:

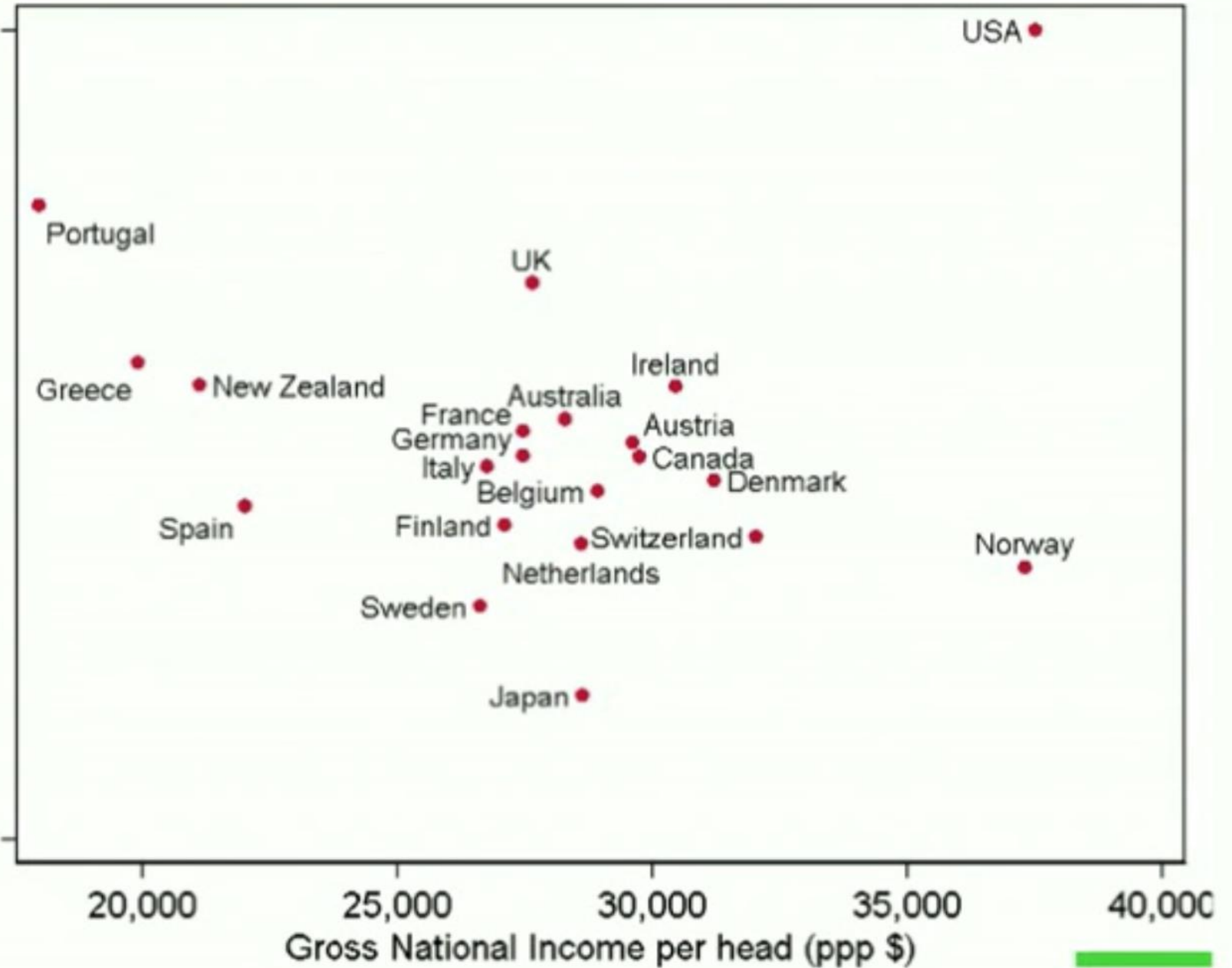
- Life expectancy
- Math & Literacy
- Infant mortality
- Homicides
- Imprisonment
- Teenage births
- Trust
- Obesity
- Mental illness – incl. drug & alcohol addiction
- Social mobility

The Spirit Level: Why More Equal Societies Almost Always Do Better^[1] is a book by Richard G. Wilkinson and Kate Pickett

Worse

Index of health and social problems

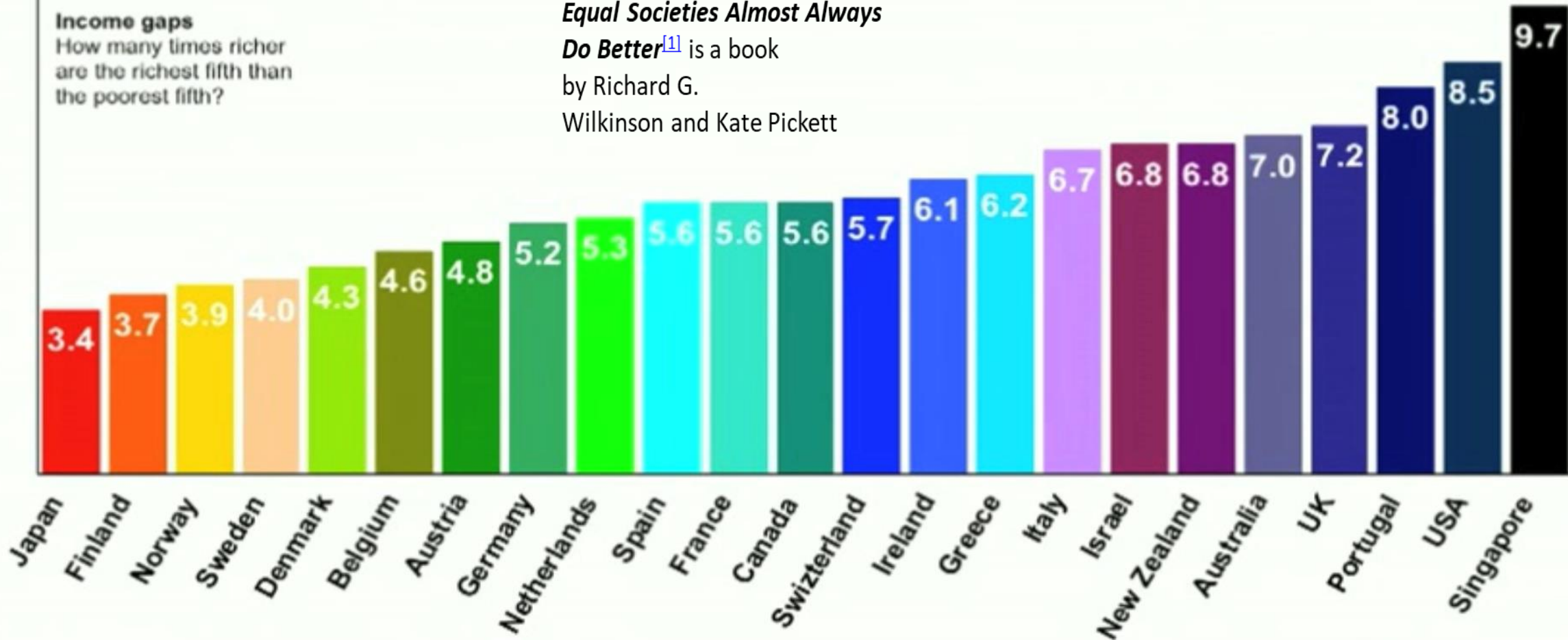
Better



How much richer are the richest 20% in each country than the poorest 20%?

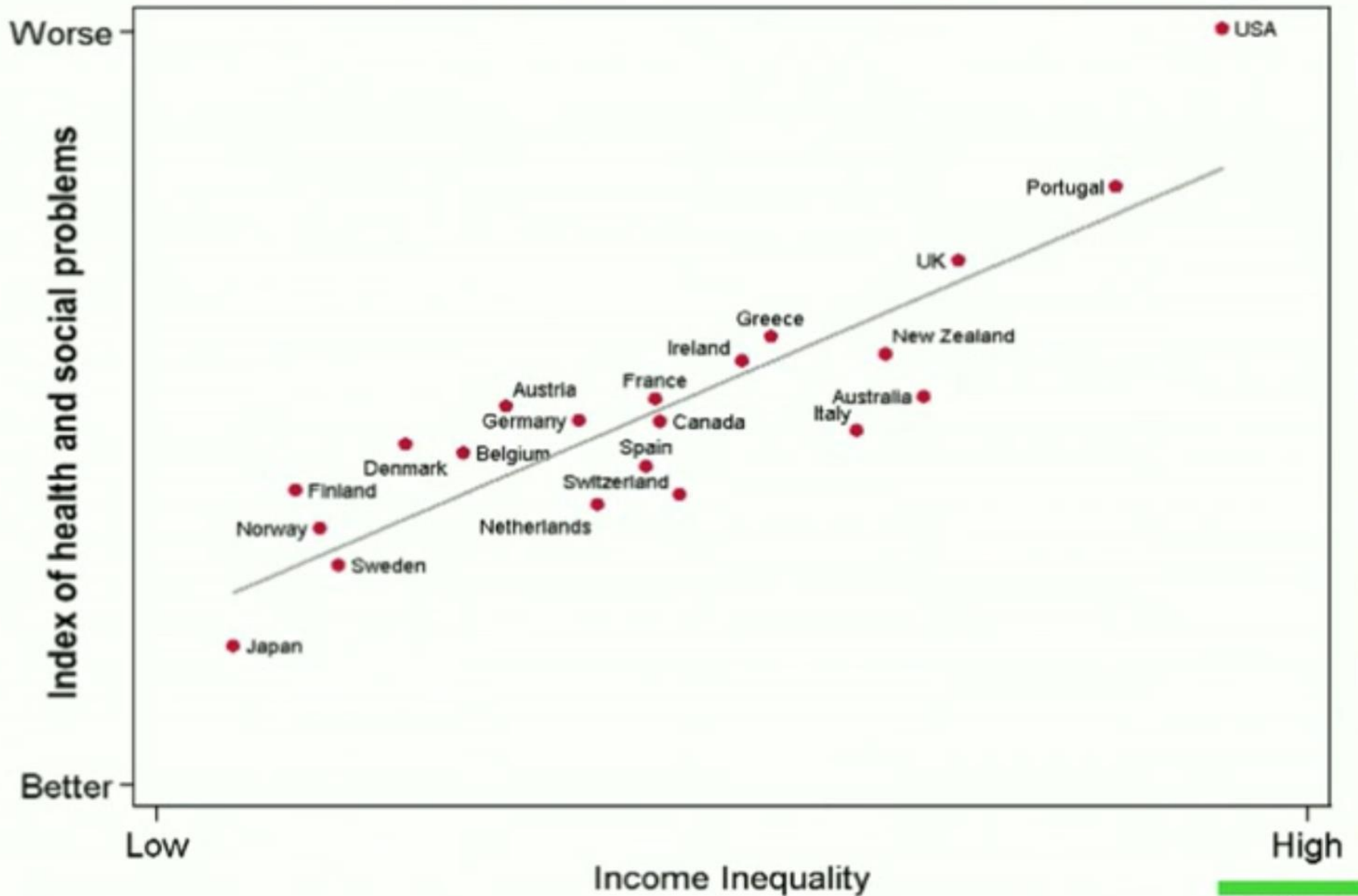
Income gaps
How many times richer are the richest fifth than the poorest fifth?

The Spirit Level: Why More Equal Societies Almost Always Do Better^[1] is a book by Richard G. Wilkinson and Kate Pickett



Index of:

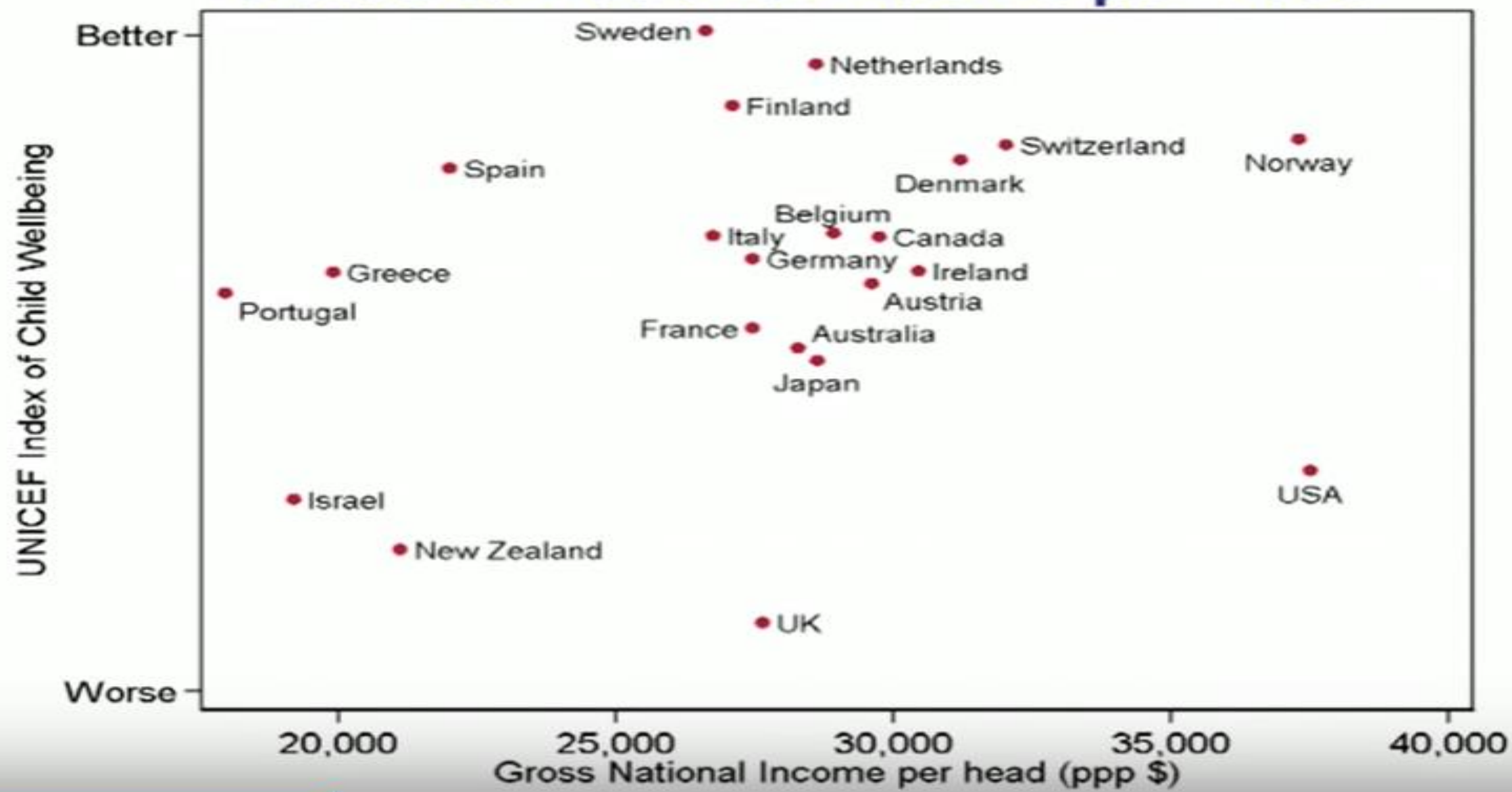
- Life expectancy
- Math & Literacy
- Infant mortality
- Homicides
- Imprisonment
- Teenage births
- Trust
- Obesity
- Mental illness
– incl. drug & alcohol
addiction
- Social mobility



*The Spirit Level: Why More
Equal Societies Almost Always
Do Better*^[1] is a book
by Richard G.
Wilkinson and Kate Pickett



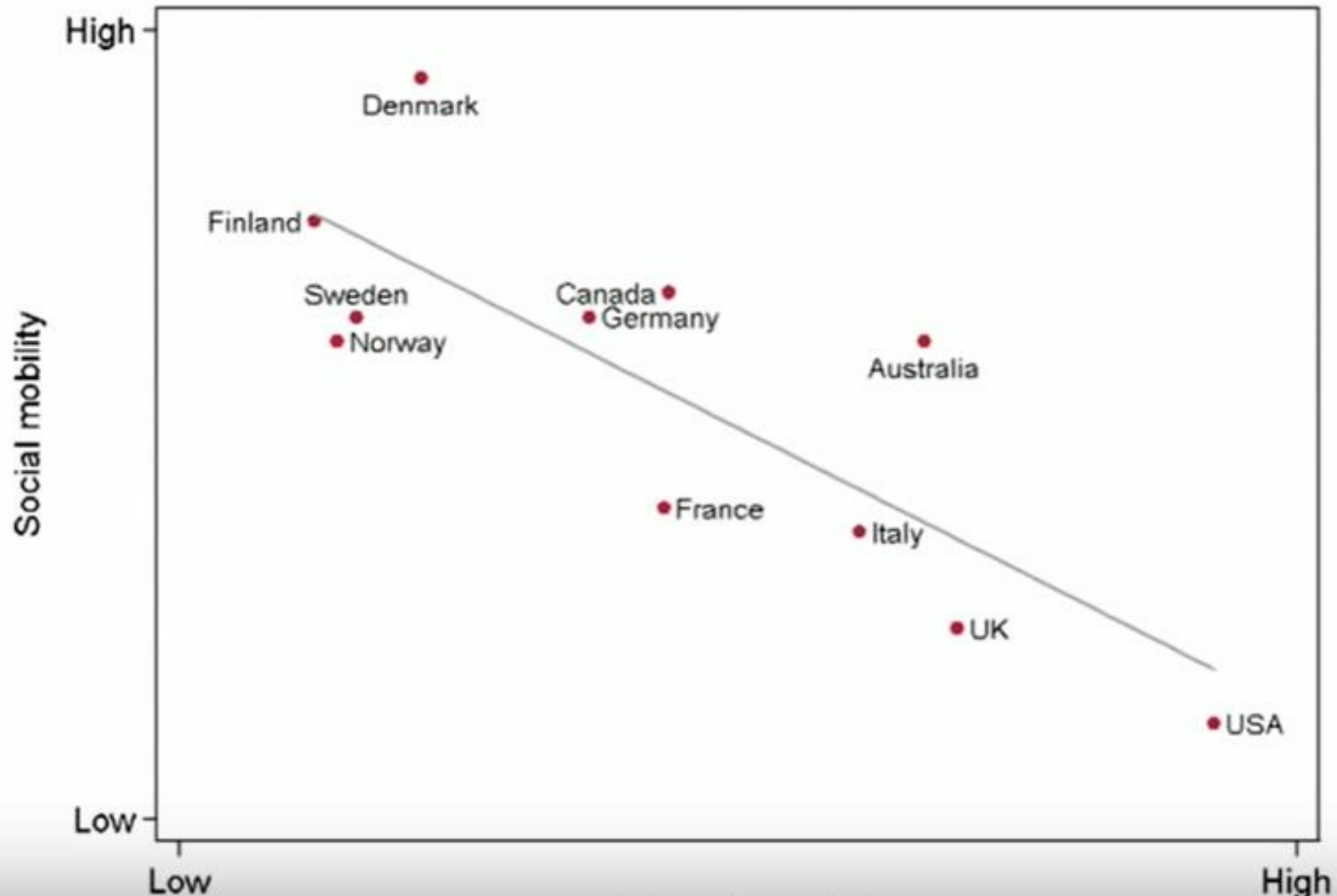
The UNICEF Index of Child Wellbeing is not related to National Income per head



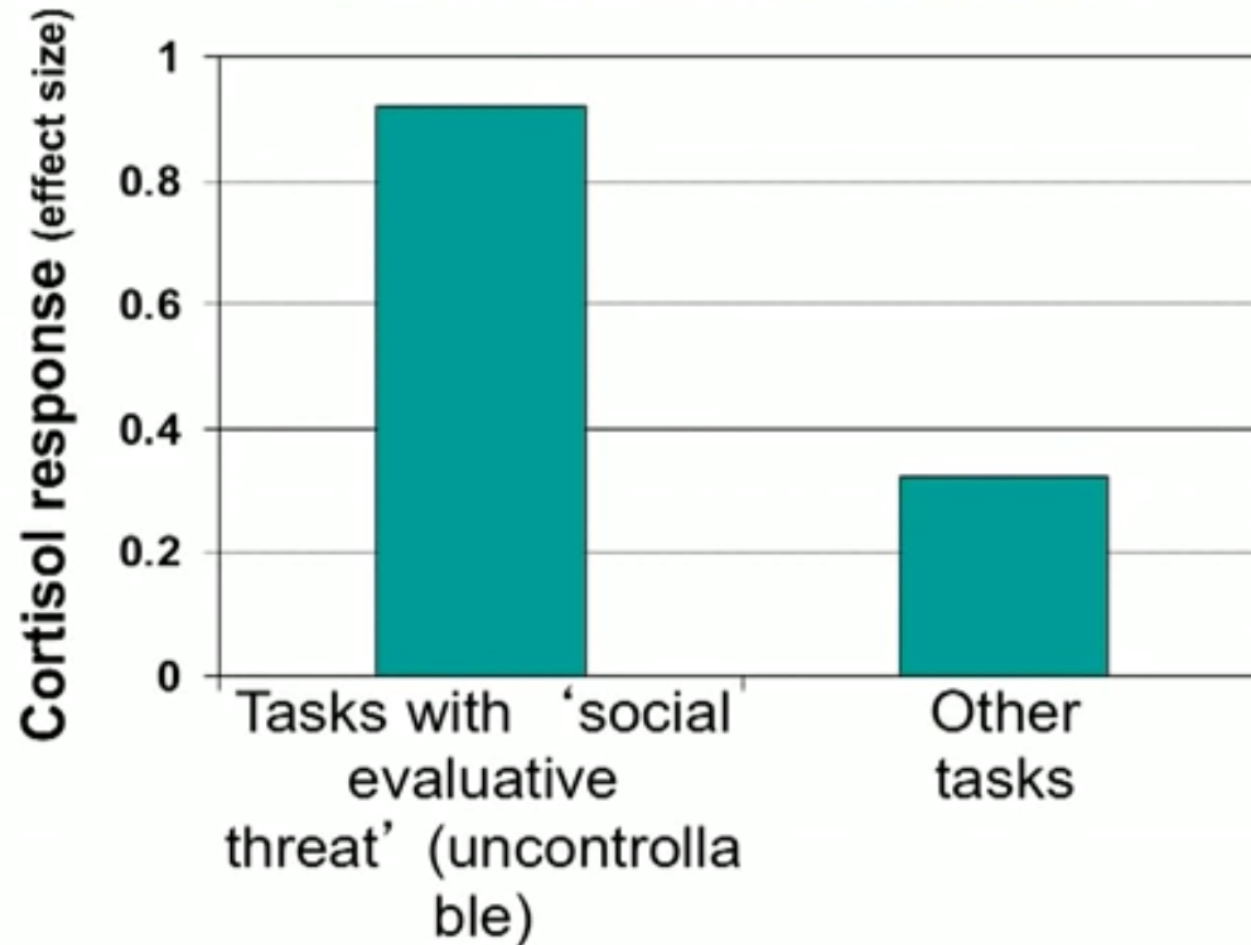
Child well-being is better in more equal countries



Social mobility is lower in more unequal countries



What kind of stressful tasks raise stress hormones most?



Dickerson SS, Kemeny ME. Acute stressors and cortisol
emelik meg leggyakrabban a kortizolszintjüket,

TED

1. . What is the **Socioeconomic Status** of the patient?
2. Using your sociological imagination, please discuss his behaviour using **materialist explanations**.
3. Using your sociological imagination, discuss his behaviour using **cultural explanations**.
4. Using your sociological imagination, please discuss his behaviour using **psycho-social** explanations.
5. What is his health literacy like?
6. How is his health behaviour?



- Mr. B is 48 years old heavy smoking truck driver. He knows that smoking is responsible for his coughing every morning. His back is also killing him. About 4 years ago it was so bad he had to see a doctor. The doctor recommended physiotherapy but Mr. B never went as he can't afford it. He couldn't understand what the doctor explained anyway. Instead, he is wearing a magnetic belt that his wife bought him at the market. The seller said it is really good for bad backs. He is trying to quit smoking but he becomes so tense that his work suffers and he is grumpy with his son and wife. He is always on the road, he eats on the run. By the time he gets home, he can really do with some home cooking. He is getting fatter and fatter. He drinks one and a half liters of coke while watching TV in the evening. He should make an appointment with his GP for a medical check-up and to discuss possible lifestyle changes, but he is afraid that the doctor will find something more serious. Also, he would have to go to the city, as there is no doctor in his village.

