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## Subject Area - Health

### Health and Social Policy and Inequalities

The World Health Organisation Constitution (WHO, 1946) defines health as a “state of complete mental, physical and social well-being and not merely the absence of disease or infirmity”. This appeared overly optimistic and was defined by the WHO in the 1980's to be a state whereby the individual was able to function normally in their social setting without disease or disability. This too is problematic. The term being healthy means different things to different people. An individual with a chronic disease may still consider themselves as healthy and an individual who is very old may be free of disease yet not able to function as normally as they would like.

Stigma may be attached to certain groups e.g. the gay population may be perceived by some as responsible for the AIDS epidemic. The high prevalence (currently 8% in sub-Saharan Africa) of HIV in asylum seekers may lead to prejudice against them. The vast effect of socio economic forces on health means that to study health and effect change it is necessary to take a wider concept of health; the health of a society rather than of an individual.

The holistic view of health incorporates the physical and mental, emotional and spiritual elements and encompasses the whole person. This holistic view bringing all these aspects together and is a more useful way to think about health (Ewes and Simnett, 2003) although the interaction of the different components is complex. It is important to address the holistic view since social policy needs to include the whole issue to be effective.

Poverty is associated with a higher prevalence of ill health and a shorter life expectancy (Benzeval, 1995). The Black Report (1980) examined the differences in health by social class. In the UK there is an increasingly ageing population. The difference in health between the wealthiest and the poorest in the population is widening. Health Authorities have a role in assisting community development of health care. People in the UK from ethnic minority groups have poorer health as a whole. There is much data concerning the prevalence and incidence of various diseases in relation to ethnicity on the statistics section of the research page on the Commission for Racial Equality. Rates of diabetes and coronary artery disease are higher in ethnic minority groups. Reasons for the effects of race on health are multifactorial (Smaje, 1995). The fourth national survey of Ethnic Minorities, 1994 (Commission for racial Equality) found that self reports of health were lower for non-home owners relative to those who owned their home. In the UK there is a North South divide with regard to health, the industrialised North appearing to have a higher prevalence of ill health (Sidell, 2003). Homelessness and social isolation influence health adversely (Benzeval, 1995).

Social and economic policies on health issues are designed to lessen the inequalities between different groups of people, particularly the effects of different socioeconomic groups. Benzeval (1995) describes such policies as acting on four levels:

Individual, targeting those most at risk, e.g. smoking cessation programmes.

Community e.g. social control of drug abuse.

Improving access to services e.g. housing, safe water, healthcare.

Encouraging economic and cultural changes e.g. economic changes to reduce poverty and promote equal opportunities.

Community development enables the community to work together to target health inequalities and collaborate with

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various agencies to maximise effect (Scully, 1997). Communities and professionals have collaborated to form Health Alliances. The community may be actually choosing the health area to target. A number of policies relevant to health in the words of a Parliamentary Select Committee on Health create the problem that "The multiplicity of initiatives is confusing". There are health action zones, employment action zones, health living centres, education action zones, health improvement programmes and community strategies.

It was once predicted that the problem of infectious disease would eventually be eliminated as a global health problem. Smallpox has been eliminated and vaccination programmes have made some inroads to other infectious diseases. However infectious disease remains a massive world health problem and is the main cause of death world wide (WHO, 1992). The reasons for this are complex. The main underlying cause of ill health on a global scale is poverty (Beaglehole and Bonita, 2004). □Health care cannot be medical care in isolation but encompasses relief of poverty and enhanced political organisation.

AIDS has had a huge impact on global health. Quoted on the home page of the WHO Louis Michel, European Commissioner for Development and Humanitarian Aid described "The public health situation in many developing countries is outrageous. In many regions in Africa, a whole generation is at risk because of AIDS." □In 2002 there were three million deaths from AIDS. In many Sub Saharan African countries AIDS is the commonest cause of death. In Botswana the prevalence of HIV infection in adults is 40%.

World Health Day is 7th April 2006 and the slogan is "Working Together for Health" (WHO). The World Health Report 2006 is due to be made available on World Health Day. It is already viewable in draft form on the WHO website. It emphasises the role of the health workforce and will launch the Health Workforce Decade. HIV/AIDS, TB and malaria are three current issues high on the global health agenda and receive concern by multiple bodies including recently the G8. Attempts to solve these problems have been thwarted by social and economic problems. Encouraging western values with regard to economic growth and development has in many respects hampered tackling these effects e.g. in South Africa migrant male workers have left their families behind and subsequently been infected heterosexually with HIV. Population control and provision of safe water have long been on the global health agenda. Vaccination programmes have received a short term financial boost from the Gates foundation. Many effects are less productive in a climate of war. Linking aid resources with political stability may still not overcome the problem of corruption. The agenda must remain responsive to new problems such as enhancing road safety and tackling the promotion of smoking in underdeveloped countries.

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8th February, 2006

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