HEALTH

1.   Introduction

This chapter starts by asking the question – what do we mean by health? People are fascinated by health. It certainly sells newspapers and the number of people using the internet to find out about health problems has increased dramatically in the last few years. There are other dimensions to health, also to be found in the media. Health is increasingly seen as a business in parts of the UK, particularly in England. The level of health service funding is contentious. And the factors that influence our health are key topics for discussion.

The chapter goes on to discuss the 'upstream' determinants of health. As the analogy has it, rather than focusing on people 'downstream' who are already unwell and using health services, 'upstream' investigation tries to find out who, or what, is 'throwing people in the river 'upstream' from the hospital'. Answering these types of questions, about what determines health, is complex. It requires investment in research studies to provide evidence that can help us understand whether, for example, damp housing causes health problems. Or is it just the mould in damp housing? Evidence is often inconclusive which sparks further debate. But, to consider these questions as being important probably requires a degree of commitment to, and caring for, others. We will also look at ethical issues in this chapter.

In the chapter, we specifically draw out questions on health-related problems for debate. Having said that, we do explicitly accept the notion and all-encompassing significance of climate change. The debates on this topic that are interesting, we suggest, are how climate change should be dealt with, and who will be the winners and losers in those debates. Academic arguments need to marshal evidence. It is important for students to look at questions from different angles and use a variety of theories to unpick social processes.

The chapter ends with some success stories. Many of the UK's responses to health problems have been successful and creative. Again, we need to critique and ask how

and why we have managed to see improvements, such as, falling smoking rates, declining TB incidence and increasing cycling, for example.

2.   What do we mean by health?

People can mean different things when saying they're 'feeling healthy'. For some, health is the absence of disease, whereas others define health as a more positive feeling of wellbeing. These differences are reflected in divergent definitions of health, and mental health, provided by different authors and agencies. Even the World Health Organization (WHO) uses various definitions. The most famous of these is that 'health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity'. Notwithstanding the WHO's definition of health, we start this section by assessing ill-health in the UK, then we move specifically to public health, the topic of happiness comes next and, finally, we show how health problems and solutions can be analysed using public health tools, theories and models, taking Beattie's (2002) model as an example.

Measuring health

One the most reliable sources of information on the health of a country is basic data on births and age at death. These data are generally undisputed and studying them can provide powerful evidence of social problems affecting some groups more than others. As the economist, John Maynard Keynes, said when complaining about dawdling on action to combat poverty: "in the long run we are all dead". But government policy influences which groups, statistically, have a longer run.

Demographics is the study of populations' characteristics, such as numbers of 20-30 year olds in the population. Epidemiology looks at diseases and health problems across populations — from accidents at work to the Zika virus — and indicates how many people in the population are affected by these issues, that is their prevalence, and causes.

In the UK, some health problems have been improving over the last 10 years, such as dementia among the elderly. We can apply epidemiological and demographic analysis

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to this issue. The epidemiology indicates that the number of people with dementia per 100,000 of the population has fallen. This may be due to healthier lifestyles, increased education and improved preventive care for conditions such as heart disease. However, because of the changing demographics of the UK population there are now more people aged 65 and over, so the number of individuals living with dementia has increased.

The main causes of death in the UK are cancer and heart disease. Within the kingdom there is variation. Heart disease rates in Scotland are particularly high, and higher again in the most deprived areas of Scotland. Some cancers have shown poorer 1-year, and 5-year, post-diagnosis survival rates when compared to other European countries and the USA. Therefore, UK services aim to address this by speeding up diagnostics, reducing waiting times and investing in increased treatment capacity. Additionally, staff have run campaigns to improve public recognition of cancer symptoms and encourage specific population groups to seek a medical opinion. This 'social marketing' needs to be carefully targeted at the most 'at risk' groups. Single men aged over 50, working in lower-paid jobs, for instance, may be less likely to go to a doctor if they find a lump.

Some of the causes of cancer and heart disease are amenable to health promotion initiatives. Health workers in the four nations of the UK prioritise — stop smoking initiatives, alcohol harm reduction, physical activity and obesity prevention — in order to reduce the incidence of these common diseases. In other continents, the leading causes of death are related to major problems in primary health service provision and malnutrition. These factors tend to dramatically increase child deaths, as reported by the United Nations International Children's Emergency Fund (UNICEF) and the WHO. Yet, for other health issues, 'pandemic' conditions can arise, meaning all countries are affected. AIDS defining illnesses are a pandemic because HIV has spread globally. Global public health initiatives are necessary to protect health across countries, in part because, as the adage goes, 'bugs don't respect borders'.

Public health
The American, Charles-Edward Winslow, coined a well-known definition of public health in the 1920s. This has been adapted to become the following: public health is

the science and art of promoting health, preventing disease, and prolonging life through the organised efforts of society. Public health focuses on: i. health improvement and prevention, ii. protecting health and, iii. developing health services.

Prevention of health problems takes place at different stages. Primary prevention is stopping problems happening in the first place — for example stopping mesothelioma lung disease by checking for, and where necessary, safely removing all asbestos in buildings. Secondary prevention is about stopping health problems progressing and reducing recurrence — for example helping children with asthma to exercise more. This is how Laura Trott became a British Olympic medal-winner; by cycling to improve her childhood asthma. Tertiary prevention helps people with conditions that cannot be improved to become more comfortable.

Health problems can take a long time to 'gestate' following 'insults' like exposure to air pollution, or injury. For example, if we look at the future health of current students in 30 years' time we can refer to longitudinal studies and predict that those with sedentary lifestyles who smoke, or drink above the recommended units, are statistically more likely to develop health problems. On the other hand, some issues are new, and there has not been so much time to gather evidence. There is less evidence for, or against, the negative health impacts of, for example, e-cigarettes, increased use of headphones on longer-term deafness, or the impact of using phones and tablets on backpain.

Ironically, most primary prevention does not take place in primary care. Primary care is delivered by family doctors, or GPs, and practice nurses and community staff, as well as pharmacists and accident and emergency staff. High quality primary care is key to secondary prevention and in supporting those with long-term conditions, such as arthritis and diabetes.

Public health agencies in the countries of the UK produce priorities for action on health problems. The issue of antibiotic resistance is high on the agenda. The UK population is highly dependent on antibiotics, which are used to treat millions of infections arising from surgery, trauma, respiratory infections and other bacterial illnesses. Inappropriate use causes resistance in the bugs. As resistance grows, the capacity to develop new

solutions has been diminishing. Campaigns to inform the public of the difference between a virus and a bacterial infection are part of the solution along with tougher controls on prescribing among both doctors and vets. Sequencing the whole genome of a pathogenic organism provides further data to target antibiotics.

As an indication of the wide scope of public health, Brexit and its health impacts has also been a focus. At the time of publication, the impact of the UK's withdrawal from the European Union on the health of UK residents, and the health services provided here, is unclear. The UK-wide Faculty of Public Health (FPH) has produced literature on 'healthy' trade agreements – these are trade agreements that might promote clean production techniques or workers' rights – and a briefing report on post-Brexit trade, based on a 'Do No Harm' campaign. Years of declining health and social care services and the desire to put more money into the NHS were reasons given by some for voting to leave the EU. The concern of the FPH is that public protections and standards will be watered down as negotiators bargain, and give way, in order to gain access to markets. Although, the Secretary of State for Health, Jeremy Hunt, in 2016, promised that this would not be the case.

Beyond health, to happiness
Public health's wide remit, including politics and economics, extends what we might not typically consider to be health concerns. In recent years, economists themselves have focused attention on measuring the happiness and wellbeing of the population. This movement has been based on a critique of assessing a county's success by gross domestic product (GDP), or economic growth. GDP can include all sorts of industries of dubious 'worth', from those selling tobacco to ones making ultra-violent films. The Office for National Statistics (ONS) collects happiness data through surveys. This has shown some interesting results, with an overall increase, at the time of writing, in happiness since the Brexit vote. However, the increase was only evident in England, not in Northern Ireland, Scotland or Wales. And, of course, correlation does not necessarily mean causation.

Alongside the development of the happiness index, researchers have tried to identify ways for people to promote their own wellbeing. 'Five-ways to wellbeing' were identified by Foresight as: connect, be active, take notice, keep learning and give. The

'five-ways' have been promoted by various NHS bodies and charities. However, there has been a debate on the robustness of the evidence-base for this advice, with the Chief Medical Officer for England stating, in 2014, that public health departments should not allocate funds on this basis as there was insufficient evidence for effectiveness. This is not to say that further scientific research will not be conducted to back-up claims for the 'five-ways'. Also, some charities, such as Mind, have added a 'sixth-way to wellbeing'. This is: 'care for the planet… look after your community and the world'. This provides further substance for debate.

Public health tools and models
Public health is resplendent with debates on evidence, from the dangers of drinking alcohol when pregnant, the dangers of the measles, mumps, rubella (MMR) vaccine — which was dangerously overstated, to the health risks of living under pylons and the ethics of 'universal measures', such as water fluidisation.

Building on epidemiological analysis, other public health 'tools' are used to investigate population health. Risk assessments, for example, investigate the likelihood of problems arising, and multiply this by the harm caused if a problem, or event, does happen. This highlights a further issue that is — guidance and policy needs to be implemented. According to the UK's Health and Safety Executive (HSE), employers should conduct risk assessments on workplace stress. However, the Trade Union Congress (TUC) have labelled current non-compliance with this guideline as shockingly high and a 'distressing' failure.

Health impact assessments are another tool used in the UK to analyse population health issues. Here the impact on health of building a new road, for example, is assessed. Nevertheless, as with the example of employers not doing risk assessments, there has been criticism over the lack of health impact assessments on the UK government's austerity measures.

As with other academic disciplines, public health uses a set of theories and models to help understand processes. Theory generally means features describing how activities work, which can be tested. A theory should be applicable to different settings leading to similar, predictable, results. A model is a representation that helps to explain

how things work. In health promotion, Beattie's model helps to categorise activity on improving health. He creates four boxes by drawing a vertical line headed with 'authoritative' and with 'negotiated' at the base, then intersects this with a horizontal line labelled 'individual' on the left and 'collective' on the right (Beattie, 2002).

Taking, for example — obesity — a problem affecting ever increasing numbers of people in the UK, the top right-hand box in Beattie's model is 'legislative action' to address health problems, such as the sugar tax to combat obesity. Below this, 'community development' takes a less structured approach and an example could be: nature reserve volunteers promoting walks among people using a local GP surgery. The bottom left quadrant is 'personal counselling'. This might be one-to-one advice on how to quit smoking, without putting on weight. Finally, the top left quadrant, 'health persuasion' might be around running a social media campaign promoting 'dry January' and the benefits of cutting out drinking alcohol in order to lose weight.

## 3.	The wider determinants of health

Health problems are not just associated with issues such as access to health services. The wider, up-stream, determinants of health are socio-economic issues such as housing, education, transport and employment. At an individual level, genetics also plays a role in determining health. Although, it has been argued that genetic differences between different ethnic groups have been over-exaggerated in explanations of poorer health among groups, such as British Asian men. Professor James Nazroo, has suggested that, statistically higher rates of poverty in these populations can explain differences in health.

The influence of different factors on health is of great interest to researchers, with new findings emerging regularly. One famous study was conducted on civil servants. Professor Sir Michael Marmot led a team looking at the different health outcomes of these staff at different pay grades. He found that for each step up in grade, even when controlling for smoking and drinking, health improved. This finding was counterintuitive to thinking at the time, which associated stress at work with higher grades. Further work, since the 1970s, has sought to understand and address the gap in health

between the best-off and the less well-off. In 2010, the Marmot Review team published a report called *Fair Society – Healthy Lives*. In it, the following actions were called for:

1. Give every child the best start in life.
2. Enable all children, young people and adults to maximise their capabilities and have control over their lives.
3. Create fair employment and good work for all.
4. Ensure a healthy standard of living for all.
5. Create and develop healthy and sustainable places and communities.
6. Strengthen the role and impact of ill-health prevention.

These actions aim to reduce the 'health gap' between the better-off and those with below average incomes. Generally, those in the poorest groups in the UK are dying around 9 years before the best-off. The impact on pensions claimed is obvious. Yet, not only are the less well-off dying earlier, they also experience years of disability, such as, chronic lung disease, earlier in life. Health services and councils therefore aim to 'add years to life and life to years'. Doing this is, of course, challenging. Julian Tudor Hart was a medical doctor who suggested the 'inverse care law', whereby those most in need of services, action or protection, are those most likely not to receive these.

The Marmot report's recommendations are about issues that local councils, of different political make-up, across the UK can help to influence. But central government, also directed by political parties, likewise has a crucial role.

He uses Jane Austen's novels as a teaching tool. This is a happy coincidence given that the novelist made the front of the English £10 note in 2017, with the strap-line, 'I declare after all there is no enjoyment like reading!'. In Jane Austen's pre-industrial revolution novels the annual income of central characters like Darcy and Bingley, in *Pride and Prejudice*, is known within five minutes of them entering a ballroom. The reason is not because of extensive Freedom of Information regulations (which were in fact late coming to the UK and only introduced in 2005). The gentlemans' income was predicted because their estates were known to produce returns relative to size. From the industrial revolution, which kicked off with Scottish engineer James Watt's 1776

steam engine, this relationship between land and income was ruptured. Now, in the twenty-first century, the rich are getting progressively richer. Capital breeds capital. And, as Piketty argues, one way of dealing with this is by central government increasing taxes.

Nevertheless, across the UK, corporation tax, needed for local authority and central services, has been progressively cut, from 42% in the 1970s. The UK rate levied on profitable companies is now below all Western Europe's major states, at 20 percent and set to fall, under Theresa May's government, to 17% by 2020. And some private healthcare providers in England have been criticised for failing to pay tax, such as tycoon Richard Branson's Virgin Care, registered in the British Virgin Islands.

Ethics plays an important part in how we interpret information about the health gap, as well as how much we feel society should invest in supporting groups with poorer health. Prisoners' health, for example, is generally particularly poor. Yet, the Prison Reform Trust struggles to gain sympathy for actions to help prisoners develop skills. Although, some commentators regard prison as a symptom of failed mental health services and poverty. And the high rates of mental health problems among prisoners does indicate that prevention of incarceration could be helped by better primary and secondary prevention of mental illness. Added to which, for most, prison is not a life sentence, and therefore, supporting prisoners to develop skills may improve their health outside of prison, and help them to stay outside.

Ethical issues are often categorised into four principles. In this chapter we have discussed issues pertinent to each:
1. Autonomy – this refers to health professionals respecting the rights of patients to control their care. And, in public health, it links to the control communities have over factors affecting their health.
2. Beneficence – means that health staff should do all they can to benefit patients and the public.
3. Non-maleficence – is the principle of 'first do no harm' (hence the name of the FPH's Brexit work, referred to above).

4. Justice – finally, is an important issue that drives people to seek evidence to uphold their beliefs. A wide income distribution is one area that some see as unjust.

In academic research and writing, a distinction is made between 'normative' issues where researchers reach conclusions about what should be done and more 'value-free', neutral, or descriptive work. It is important to recognise where writing moves into normative terrains.

4.   Climate Change and Health

In the previous section, we talked about the determinants of health, from income to education. Climate change is another key determinant of health, it is referred to as the greatest threat to human health. Weather patterns have been changing as a result of increasing atmospheric carbon dioxide produced by fossil fuels. According to Sir David King, who has been Chief Scientific Advisor to the UK government, "Climate change is the biggest challenge that our civilisation has ever had to face up to." (Public Health England conference on climate change, 2017).

The health impacts of climate change range from increased illness and trauma from floods and wildfires, through to economic disruption, increases in food prices and homelessness. The UK is susceptible to all these impacts, although lower-lying states are experiencing more problems earlier. Nevertheless, the risk of the Thames in London flooding, for instance, is predicted to be increasing, with potentially catastrophic consequences.

The UK has a major role in influencing responses to climate change. It is a contributor to the most important global body that produces evidence for states to base policy on, – the Intergovernmental Panel on Climate Change (IPCC). The IPCC, whose website is constantly updated (http://www.ipcc.ch/),
is open to all countries of the United Nations and currently has 195 members.
Global action is decided via the UN Climate Conference – the United Nations Framework Convention on Climate Change.

The World Health Organization reports on the health impacts of climate change. It has said that anticipated additional deaths per year as a result of climate change stand at 250,000, up to the year 2050. In addition, the WHO notes billions of dollars of costs resulting from the negative consequences of climate change. Added to which, they point to the added health benefits of reducing carbon production: "Reducing emissions of greenhouse gases through better transport, food and energy-use choices can result in improved health, particularly through reduced air pollution" (WHO Climate change and health Key facts 1 Feb 2018).

In the UK, governments have struggled to produce effective policy. Recently, investment in green technology, such as heat pumps, has fallen. The House of Commons Library provides briefing papers on policy issues for all political parties. They wrote a review of the Government's, 2018, 25-year plan for the environment (www.parliament.uk/commons-library). Reaction from political parties is reported in the review. The Scottish National Party, for instance, claimed that the plan is already being delivered in Scotland and contains nothing new.

In the UK, Public Health England, for instance, recommends 'active travel' – for instance walking to work, accessible green and blue space – such as parks and rivers, well insulated and affordable homes and sustainable nutrition, which is also healthier nutrition. The NHS in England itself contains a small unit – the NHS Sustainability Unit – devoted to supporting the health service in cutting its carbon emissions. This is quite logical given the future health impacts of climate change.

The British Medical Association has pointed out that "decisions are made every day in the UK…on policy, legislation and regulation" relating to climate change and the association actively encourages action by individuals to influence the policy process. Recent policy changes include the tax on plastic bags (https://www.bma.org.uk/collective-voice/policy-and-research/public-and-population-health/climate-change).

However, influencing policy is not easy, for a variety of reasons. Firstly, as Naomi Klein, who is by background a journalist, points out – climate science can intimidate

non-scientists. Luckily for us, she overcame her fears and produced an accessible book on climate change (Klein, 2015). In the UK, organisations such as the Welcome Trust also aim to demystify medical science, and the health impacts of climate change, so that wider publics can participate in debates. The British Medical Journal have also published a very short, readable, piece that backs-up Klein's book (Law *et al.*, 2018).

Nevertheless, there are other difficulties in influencing policy to reduce the carbon dioxide emissions that are over-heating the planet. Power and control over decision-making is important to analyse. Cambridge Professor, Stephen Lukes, writes about elites and rulers keeping important issues off the public agenda (1974). The 'un-politics' of air pollution, poverty, or climate change represents the lack of debate and action on these topics. Klein also points out that owners and shareholders profit, in the short-term, from continuing along a path of reckless, high-carbon, growth, and she documents the stifling of debate.

Concerns over employment can prevent citizens from raising objections to health-harming pollution. These 'jobs versus pollution' issues cause splits and tension within organisations representing workers, as the GMB union, with over 600,000 members shows. The union supports the expansion of Heathrow Airport because it says it would create thousands of new jobs. On the other hand, more strategic arms of the Labour movement in the UK, including the Labour Party, oppose Heathrow expansion, due to its environmental impact. They argue that, in the longer term, more jobs would be created by flying less and developing new technologies. These issues need to be debated by students and the public, providing evidence for different perspectives, in order to empower and encourage participation in deciding the fate of the planet. Students studying social sciences and health areas can contribute to and inform the debate through their critical thinking and appraisal of evidence.

The power of elites in influencing debate in the UK is not always difficult to identify. London's Evening Standard newspaper is a good example. It is owned by super-wealthy, pro-market Russians, and its editor since 2017 has been George Osborne, former Conservative Party Chancellor. It is supported by advertising and around

800,000 paper copies are distributed free to commuters every working day. Not surprisingly it is overwhelmingly hostile to the Labour Party. This is a good reason for students and researchers to be cautious when using newspapers as sources, which is not undermine their value.

Another reason for the importance of public involvement and democratic political control over elite power is that so many issues impact on health. A series of highly controversial decisions, with health consequences, have been taken in recent years by politicians. Our first example concerns New Labour politician Peter Mandelson who was Secretary of State for Trade and Industry. Before the 2008 global recession, he rejected the idea of an explicit 'industrial strategy', being wedded to a rolling back of any democratic planning element within the economy, and having led a campaign to remove the Labour Party's famous 'Clause 4', which explicitly referred to public, as opposed to market, control over production, distribution and exchange. However, when global markets crashed in 2008, as a reflationary measure, he oversaw a car scrappage scheme which introduced thousands of new diesel cars to the UK's roads. The pollutants from diesel cars in the UK have now been assessed as causing thousands of additional deaths per year. The extent of diesel pollutants was compounded by Volkswagen's fiddling of emissions tests on their cars. Ironically, the traditionally more pro-market Conservative government has now attempted to develop an industrial strategy for the UK, published in 2017.

The carte blanche that was given by the Conservative-Liberal Democrat government of 2010-2015 to Health Minister, Andrew Lansley, has also been seen as historically controversial, affecting health services in England. With a view to increasing privatisation, he set about a major upheaval of NHS structures. (Here again, Scotland and Wales have taken another path. They have reintroduced free prescriptions, for instance, which it has been argued re-establishes the idea that the NHS should be free at the point of delivery.) The distraction of expensive reorganisations, it is claimed, is an opportunity cost that has taken attention away from dealing with big issues, such as climate change.

Finally, the building, by Chinese and French state companies, on British land in Somerset, of a new nuclear power station, is a highly debateable health-related

decision that will last for millennia. The democratic and planning process that enabled signing-off Hinkley Point C are themselves health issues. Klein (2015) lists a range of arguments against nuclear power development, including that investment in renewables already had the potential to provide for the country's needs.

Nevertheless, a wide range of difficult debates exist in public policy that impact on health. While Steven Lukes highlights the interests of those, for instance, intent on profit-seeking to take power away from the public, students and researchers can aim to draw out and debate data. Two of the most important health-related political issues in UK politics to argue over are:

- economic growth vs action to address climate change and
- home building vs food security, environmental preservation, action on climate change.

These issues require research and public oversight. Some solutions aim to reduce the 'either-or', 'zero-sum', nature of the problem by arguing for investment in green technology and clearing 'brown-field' sites for dwellings. But at the moment these solutions are not the ones being picked for the UK. There are also ethical issues involved here and people's answers can depend on how much we care for others, including future generations. As we are currently living through the largest extinction of species in 65 million years — with insect and bird populations in the UK plummeting — all academic disciplines can be relevant to understanding humanity's best solutions to these problems.

5.   Responses to health-related social problems

As we have seen climate change and other up-stream issues are important determinants of health. But health can also be improved by society through services, social arrangements and changing attitudes.

Primary (health) care services like family doctors, that is GPs, community midwifes, and accident and emergency departments are not to be confused with primary prevention, discussed above. Primary care has an important impact on health and these are the NHS services where most can be done to reduce inequalities in health. High quality primary care is important in the early diagnosis of cancers and in regular check-ups for people with long term conditions, such as type-2 diabetes. These are conditions where 'lifestyle factors', such as obesity and physical activity, as well as employment position, have some influence on the risk of developing health problems.

You can find out about the health of the population in your local area by reading the latest annual public health report for your council. This is overseen by the Director of Public Health. Elected councillors also receive representations from constituents on access to services. Here again, as Tudor Hart posited, the best educated are most likely to contact their elected representatives if they have a problem.

The NHS is 'free at the point of delivery' and funded through general taxation. This is a social solution that pools risk and of which the British population is generally proud. However, Scotland and Wales have increasingly resisted international and pro-market pressure to privatise services, whereas in England more services are run by private for-profit companies and hedge funds, the latter being capital investment funds that switch money between different companies. And nurses, doctors and other staff are, at the time of writing, are sometimes employed by companies, such as 'Virgin Care' and not the NHS.

Aside from health service care, disabilities services for children and adults are often overseen by councils. There are around 13.3 million disabled people in the UK, almost one in five of the population. Around 17% of whom were born with their disability (www.dlf.org.uk). Disabilities among dependent children and adults impact on families especially where social services support is weakened. The cost of bringing up a disabled child is estimated to be three times greater than a non-disabled child and, at the same time, the average income of families with disabled children is around a quarter lower than the average. Thus, support for these families is important in ensuring the health of all family members is not adversity affected.

Decisions on who gets healthcare in the UK are based on clinical need and not individual ability to pay. The GP often acts as the 'gatekeeper' to secondary services. Cosmetic procedures that individuals can feel make a difference to their quality of life and job prospects, such as, 'correction of abnormally protruding ears', alignment of breasts of different sizes, removal of skin flaps caused by weight loss and tattoo removal are not currently funded by the NHS. NICE, the National Institute for Health and Care Excellence, provides evidence reviews and recommendations on what medicines and procedures are funded.

People with mental health problems can face difficulties accessing health services. Mental health problems are wide ranging, from depression and anxiety, through to complex personality disorders and severe and enduring psychosis. French theorist Michel Foucault discusses different regimes of supervising and controlling those with mental health problems. Before any treatments were available, Foucault describes people in Europe with symptoms being cast off onto boats and sailed down the river Rhine — he employs the expression 'ship of fools'. Nowadays, stigma against people with mental health problems can prevent individuals and families from seeking help. But campaigns led by famous people like Stephen Fry, and groups such as 'Time to Change', have had considerable success in reducing stigma in the UK and improving knowledge and attitudes towards those with mental health problems, as evidenced by public surveys.

A further controversial health problem, which this time does not divide down party lines, is assisted dying for those with terminal illnesses. The UK parliament debated and rejected assisted suicide in 2015. Meanwhile, some US states such as California, as well as Canada, the Netherlands, Belgium and Switzerland did adopt legislation at the turn of the millennium. Around 4% of deaths in the Netherlands are now of this nature. The reasons given are to stop pain and to end dependency.

Aside from a focus on health services, a major area that affects health is employment. As most of the adult population in the UK are in employment, employers are able to influence population health by taking measures such as granting paternity leave, which can help family bonding and reduce stress. Due to competition between companies, these rights are normally set at a national level by governments.

Programmes to improve workplace health include employers taking measures such as providing healthy-eating options and rest areas. Workplace stress can be caused by low control over working patterns combined with high workloads. These stresses tend to affect lower paid workers more. Mental health problems can also be caused by workplace bullying from managers and uncontrolled racism and sexual harassment. Staff can raise concerns, often with union support, over pay and conditions.

However, the recent #metoo scandals have shown how so called 'gagging clauses', settlement, or non-disclosure agreements (NDAs) can operate. These are legal documents signed by thousands of workers threatened with job loss within local and central government and in the private sector, in the UK. They can stop workers speaking about employers. As, if individual women and men don't sign, they can be left without a reference needed to get another job. Film producer Harvey Weinstein's former assistant, Zelda Perkins, for example, described to the UK Parliamentary Committee for Women and Equalities, in 2018, the extreme stress caused by employers wielding these legal instruments.

Other workplace problems impacting on health include shift patterns in industries such as catering and nursing, which can be disruptive to home-life and sleep. Additionally, increased time spent commuting to work, due to inflated house prices, means workers have less time to exercise.

As a result of women struggling with long working hours and competing demands, increasingly, developed countries are seeing falling birth rates. South Korea has the world's lowest birth rate. But delayed childbirth and obesity in the UK are factors leading to demand for in-vitro fertilisation (IVF). On the flip-side, while falling, the UK also still has comparatively high teenage pregnancy rates, indicating poor sex education, inaccessible services and low ambition among young women in lower

income, high unemployment, areas. (UNICEF has produced a damming report of children's lives in the UK, with lower trust between children than in any other western nation (2017).)

Employment rights and the freedom to 'organise in the workplace' have been won and lost over many decades. Edwin Chadwick, a Victorian reformer who instigated many public health policies supportive of health, was partly motivated by wanting to 'avert the Chartists', who were campaigning to bring in more workers' and citizens' rights, around the 1840s. He did this, for instance, by opening parks at times when Chartists had been planning marches, as a distraction. More recently, trade union activity has been associated with a lowering of income inequality, which, as we discussed above is a contributor to inequalities in health. However, 'in-work poverty' has increased.

The Joseph Rowntree Foundation (www.jrf.org.uk) monitors in-work poverty and provides recommendations for the Scottish and UK governments on how to address poverty in their budgets. Nevertheless, many of the goods and services we use at the moment come from across the globe – where did your cloths, household goods and electronic devices come from? And what was the 'carbon footprint', or how much carbon dioxide was put into the atmosphere, as a result of this delivery? The conditions of employment can be lower in countries exporting to the UK and often go unreported and hidden from sight and, at the same time, unemployment – which is associated with poor health — is higher across areas such as the Middle East, Latin America and Africa.

While agencies like Public Health Wales, and responsible employers, run campaigns to improve health, lobbying by some industries can undo this work. Sports sponsorship by sugary drinks manufacturers like Coca-Cola was high profile in the 2012 British Olympics and the tobacco and alcohol industries find circuitous routes to wield influence (Cave and Rowell, 2014). However, political marketing is more controlled in the UK than in the USA, where the sums spent have rocketed to 5.2 billion dollars, even in 'mid-term' elections. Nevertheless, there has been some further regulation with public health advocates have been successful in controlling cigarette advertising in the UK, for example.

6. Conclusion

Health is a subject that is infused through with an extraordinary number of political and ethical questions.

From state spending on tattoo removal through to taxing sugary drinks, decisions on how unequal we want wealth to be are central to the health inequalities debates. Key questions for the coming decade are around adjudication between forms of economic growth and work to address climate change. Theories from the social sciences can help with analysing these questions. Using diverse theories such as elite, pluralist, Marxist and feminist theories, for instance, can help us to both analyse questions from different perspectives and to develop new solutions to these persistent problems. There is plenty of research to be done on addressing the UK's health problems.

Revision notes

Defining health highlights that different people may have different conceptions of what it means to be healthy. The World Health Organization has a significant impact on conceptions of health within countries such as the UK, with its definitions seen as a 'gold standard'. The extent to which different health services impact on health varies and the health impact of services on different groups is a focus on health policy research.

Public health looks at health from a population perspective. Debates in public health centre on the relative health impact of wide-ranging factors, from damp and overcrowded housing to parenting classes. Evidence, in the form of large-scale statistical analysis, randomised control trials and other scientific research can affect investment and health policy, such as the introduction of a sugar tax. Was there a strong evidence base for this? Which country did it come from? Debates and

hypothesis testing, informed by existing evidence, are needed to draw out different perspectives.

Ethical and political perspectives can sway how health problems are addressed. Different countries within the UK have taken divergent lines on how health services are delivered, while having the same evidence available to them. Perhaps people in Wales and Scotland are more likely to be morally opposed to profit seeking in health care provision, or political institutions have more successfully blocked privatisation, either way, differences have emerged in how health problems are addressed. Similarly, comparative studies between the UK and other nations shows variation in how health and social care problems are being dealt with.

Inequalities in health between different income groups show a gap of around ten years. In order to improve the health of the population as a whole, public health staff aim to bring groups with poorer health up to above the average. Not only do less will off groups die younger, but they also experience disabilities associated with old age, at younger ages. These findings have social justice implications as well as financial costs for health services and employers.

Climate change is an unprecedented problem for all nations. The health problems of climate change range from issues such as increases in depression and anxiety associated with flooding, through to job losses in fishing. Aside from these health costs, the extinction of millions of species of plants and animals has unknown consequences.

Action to address climate change is taking place in a political and economic context that is generally hostile to regulation and social solutions. In addition, people can feel bamboozled by the science and the enormity of the problems involved, thus ending up 'burying our heads in the sand'. But this is the purpose of education — to develop skills, powers of reasoning, analysis and debate, in order to enter into, and lead, the discussion on solutions.

Health - Seminar Tasks

Issue 1

Health promotion work uses the media to push campaigns. At the same time, funds of a different order of magnitude are spent advertising activities and substances harmful to health.

Example

Directors of Public Health oversee the publication of local reports on the health and wellbeing of towns, cities and other geographical areas. These reports are often of interest to the local media and staff will be interviewed by local radio, for example. Historically, campaigns have taken place that were later assessed as having limited benefit because they were not targeted at the populations most affected, for instance in 1987 a leaflet on HIV went to every household in the UK (ck).

Exercise

In the UK, a citizenship test is taken. Does this include questions on climate change and environmental damage in the UK? In groups, devise a press release asking: what should all citizens know about climate change? Prepare your press release as a student group.

Then prepare questions as a reporter to ask a student group about their campaign on climate change and what UK citizens should know about it.

Conduct reporter-student interviews in the group.

Issue 2

Councils, assemblies and parliaments in the UK debate and vote on important legislation related to health on a regular basis. Prior to issues arriving at this point, groups such as the Faculty of Public Health, academics, trade unions, charities, business groups, such as the Confederation of British Industry (CBI) and political parties may have spent time collecting and debating evidence themselves. However,

people can feel disengaged, bored, or too busy to get engaged in arguing for change. Nevertheless, positive changes for health gain can happen.

Example

In 2006, legislation came into action in Scotland making enclosed public places smoke-free. It became an offence to permit smoking, or to smoke, in non-smoking premises. England's legislation dragged behind. Hostility from the tobacco industry is set out in Cave and Rowell's book (2015) and elsewhere. However, a significant among of evidence for the ban had been collated by campaigners and academics. Other countries outside of the UK led the way; you might like to consider why other countries were 'early adopters'.

Exercise

In groups of two, agree a topic to put forward for debate (for example, banning the sale of bottled drinks on university premises). In a large group vote for the topic. Divide into two groups, for and against and collate your evidence and arguments. Consider questions to as the opposition in the debate. Pre-empt their questions. Hold a debate with a secret ballot at the end (for more information on running the debate, see Thomas (2018)).

Coursework questions

What factors should be taken into account when deciding to build dwellings on farmland and green spaces?

Can a notion of happiness be used to plan national policy?

To what extent is health an issue of individual responsibility?

Should the age at which the state pension is claimed differ by social class?

Should nurses pay fees to train?

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Further reading

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