

# ***BEYOND ‘BEERS, FAGS AND CHIPS’***

## ***Exploring lay people’s understanding of health inequalities***

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## **Increasing attention in health field to what 'ordinary people' have to say**

- *In research: from lay beliefs, to lay knowledge, to lay epidemiology*
- *In politics – growing emphasis in the UK on importance of civic renewal*
- *In policy and practice - new system of patient and public involvement in health decision making in UK shaping local implementation*

**Rapidly expanding body of research on causes of health inequalities but**

*What do 'ordinary' people think about this question?*

*What kind of causal 'theories' do they use?*

*What, or whom do they blame for ill health?*

# About the Presentation

- *Based on research conducted in 2000/2 in two cities in the North West of England*
- *Four fieldwork localities – one relatively advantaged one disadvantaged in each city*
- *Survey involving 777 people across localities included open ended question asking how they would explain inequalities in health between different places*
- *In depth interviews with 19 of these people – 12 in disadvantaged area and 7 from more advantaged area exploring perceptions of health inequalities*

## Quantitative Results

- **691 people answered the question – 89%**
- **A fifth focused on a single type of cause**
  - *Place based factors most common (55%)*
  - *Advantaged more likely to highlight aspects of individual behaviour*
  - *Disadvantaged more likely to highlight aspects of physical environment e.g. pollution, transport*
- **Majority – 80% - mentioned multiple factors**

# Lay theories of inequalities

- *Complex* – highlight relationships between different factors
- *Rooted in personal experience* of living in disadvantaged areas

*Look around, see the dirt and filth we are now living in. We have poor housing, high unemployment, all the shops are closing down. People have to travel further for their needs, long hospital waiting lists.*

## Quantitative data - summary

- *Few quantitative studies have asked people directly what they think about health inequalities*
- *When this is done most people offer ‘causal theories’ that highlight the interaction between aspects of places, material factors such as poverty, lifestyle factors such as smoking and diet, stress related factors, hereditary and access to services*
- *Advantaged people more likely to highlight individual lifestyle factors than people living in disadvantaged circumstances*

# What do Lay theories of health inequalities 'mean' ?

- *Researchers theories:*
- *Lay theories:*

*Are multi-factorial involving the addition of more and more variables into putative models*

*Are interpretations and elaborations of the meaning of causal factors in the context of everyday life*

**What do lay theories mean?**

**Unravelling the Qualitative  
'story'**

# Challenging the evidence

- *In the beginning:*
  - *Divergent responses to the initial question about health inequalities*
  - *People living in poorer areas disputed the evidence whilst those in wealthier areas did not*
- *I don't believe it...*
- *That puzzles me....*
- *I can't believe em..*

## *Why did people challenge the evidence?*

- *Because for some people the evidence contradicted the 'facts' as they understood them and in any event they distrusted statistics*

*I would think, actually that they, the rich, weren't as healthy as the poor cos of all the spirits they drink and stuff they eat. I mean if you eat the basics like we do I think you're much healthier...I mean they just make the figures look bad.. I don't trust statistics as all*

## Reasons for challenges - 2

*•More commonly people rejected evidence on inequality because they rejected the labelling and inevitability of premature death that this implied:*

*I don't believe it...They look at Salford as being a dump. They think nobody lives there..they are seen as outcasts. Yes there's pollution but other than that it's attitudes.. They are making out that it's all like scum and they're all dying... it doesn't make sense*

# **Accounts of lives lived in particular places as living inequality**

- *Abstract conversations about health inequalities difficult*
- *But talking about living in particular places provided vivid accounts of living inequality*
- *Narratives showed how different factors shared in the explanation for the poor health experienced*

*I'm a strong person. I can deal with a lot of things but this particular area and living in this area has made me ill.. At the end of the day you've got to feel happy in the place your living in cos that is your source, it's where you're based. I can't deal with it....*

*They are poorer up this way and they probably don't eat as well. I mean they have less money whereas if you are more posher, as I call them, you have the money to spend on different foods. To have more vegetables.. It's because of the money*

## Accounts often emphasised indirect pathways

- *Many accounts highlighted 'stress' as a factor that mediated the relationship between poor material circumstances and ill health*
- *Social comparisons – with people better off than yourself – were also commonly described as a source of stress*

*It's only obvious that we would not feel health wise as someone would who has all the comforts and luxuries around them. You know they go on holidays three times a year..whereas we can't afford to go on one holiday so that's the difference. Their outlook on life is more relaxed and at ease and comfortable. Whereas we are struggling day to day with pressures and to keep up with things.*

## Overcoming adversity through strength of character

*The first thing you do when you get up is see the graffiti, the vandalism and it doesn't help. But at the end of the day if you let it get to you it just causes you ill health. I mean I just lock the door and forget about it. It's how the individual deals with it all. If you let it get you down, you are going to have the health problems*

*I think if you have poor housing or are unemployed and don't have a lot of money you are going to have a different outlook ...I mean a lot of people think it's more the outside but at the end of the day it's what goes on in your own home, what sort of morals and standards and ethics you've got... at the end of the day it's what sort of person you are.*

# Reconstructing the moral self

*To acknowledge inequality would be to admit an inferior moral status for oneself and one's peers: hence perhaps the emphasis on 'not giving in' to illness. This can be seen to be a claim to moral equality even in the face of clear economic inequality*

## Managing contradictions

*I mean everybody has a bit of worry. But it's our own worry brought on by ourselves.. .but outside worries that you haven't got any influence on changing that has a bigger effect on you I think. You can't sit down and think 'well I've got this problem and how can I solve it'. Cos you can't solve it if it's outside your house... It's an outside influence that you can't control, you can't change it, you haven't the power to change it and it takes over your life....*

## Re-asserting control through causality

- *Lay theories take account of complexity of many interacting factors in genesis of inequalities*
- *But indirect rather than direct pathways were often given prominence in accounts*
- *Stress highlighted as a key factor mediating relationship between material circumstances and ill health*
- *Stress something that could be in people's control macro inequalities not*

## So What?

- *Stop labelling and stigmatising poor communities*
- *Recognise that knowledge is power and some knowledge is more powerful than other*
- *Stop focusing on developing community capacity and focus on capacity of public sector organisations and professions to listen and change*