



Health, Wealth and Wellbeing

Geographies of wellbeing

Emily Williams: Some places are relaxing to be. Some are depressing. There are places that frighten us and places where we feel safe. We like some places better than others. Place matters and it matters a great deal in terms of our health.

Dr Helen Lomax: Well, this is a really interesting map, which shows the 10% most deprived areas in the UK. There you have cities such as Birmingham, Manchester, Sheffield. Some of the northern cities and some of the cities in the Midlands have very high levels of deprivation compared to the surrounding areas.

Emily Williams: Dr Helen Lomax is a senior lecturer in the Department of Health and Social Care at the Open University. In her office, she's got three maps which all measure health and well-being slightly differently.

Dr Helen Lomax: So, if you live in a poorer place, you're much more likely to have a longer period at the end of your life where you live with some form of ill health. Which massively impacts on your ability to live a happy, well life.

Emily Williams: Poorer places are likely to contain more material threats to health and well-being. There's less adequate housing, less green space, more pollution and busier roads. These all affect people's health directly. But they're also unequally resourced and offer fewer opportunities.

Dr Helen Lomax: I think it's really interesting if we think about places like Blaenau Gwent which were once strong mining communities. They've been hit by recessions and by the closing of the mines. Which has not only eradicated employment opportunities for generations of men and women. But, also, it's broken the ties that, perhaps, bound those communities in terms of kinship and generations following each other into certain types of employment. Interesting, the figures for places like Blaenau Gwent show, also, that they have high levels of prescription for anti-depressants. So people are, actually, clinically depressed.

Emily Williams: Looking at a map of life expectancy in Britain reveals something astonishing. In some parts of the South of England, life expectancy is so high as to be

comparable to Japan's. But in the North of England and some parts of Scotland and Wales, it's much worse. More like that of Albania, one of the poorest countries in Europe.

Danny Dorling: Britain has the biggest health and quality divide in Western Europe. It's an even bigger divide than the one on Germany between the Eastern ____ [00:02:28] and the rest of Germany. Where there used to be a wall dividing people.

Emily Williams: Danny Dorling is professor of Geography at Oxford University. He describes Britain's health divide as a scandal of our time.

Danny Dorling: Health inequalities in Britain were very wide in the 1920s and '30s, when our economic inequalities were very wide. Then from the 1930s through to the '40s, '50s, '60s and '70s, the geographic gap in the country, from the places where your health was worse to where your health was best, narrowed. It narrowed almost every decade. So that by the mid-1970s, it mattered very little where you were growing up in the country. But then the inequalities began to rise again. They haven't quite got back to as bad as they were in the 1930s, but they're heading that way. So it's a scandal, it clearly was avoidable; it's not something which is pre-ordained. It depends on how you run your country and how you order things.

Emily Williams: In Britain, as in every other society, life expectancy goes up the more you earn. Health is worst among the poor and best amongst the rich. Money certainly matters. But not, necessarily, as you'd expect. The overall wealth of developed countries is actually irrelevant in explaining their differences in terms of life expectancy, as Professor Richard Wilkinson, author of *The Spirit Level* explains.

Richard Wilkinson: Whether they're like the US and Norway, the richest countries, or whether they're only half as rich, like Greece and Israel and Portugal, it makes no difference to life expectancy whatsoever. So income looks very important within our societies but appears, amongst the rich countries, no longer to matter.

The explanation of that is that within societies what we're looking at is the effects of relative income. Or social status; where you are in relation to other people and, indeed, how big the gaps are between us.

Boy 1: I'm digging to China.

Emily Williams: It's a wet Wednesday afternoon on a suburban estate close to the centre of Milton Keynes. An enthusiastic group of local children are planting in the community garden. Nearby, in the community centre, others are making willow sculptures.

Female 1: So now, you want to untie the string.

Girl 1: Oh, were you supposed to untie the string?

Female 1: Yes, you can take the...

Girl 1: I tucked my in and carried on. (Laughs)

Female 1: Well...

Emily Williams: This estate is well laid out. There's lots of green space and a strong sense of community. But it's a low income area and, often, people are stigmatised. One resident, who'd lived on the estate for years, described how her husband was recently subject to abuse because of where he's from.

Female 2: ...down on him. So I think a lot of people in these areas do face that as well, where people look down on them because of where they live.

Emily Williams: Feeling you're not valued, having low social status is stressful. When we suffer chronic stress, changes occur in our physiological, emotional and behavioural responses. Research shows that these changes increase our likelihood of disease.

Male 1: We all become filled with those self-doubts that, maybe, I'm boring, unattractive, socially gauche, whatever it is, people think you're stupid. We all have those doubts. I think it's those low levels of chronic stress, those social anxieties which are important in the health of whole populations. We now know that even low levels of chronic stress affect death rates.

Female 1: Have you trimmed it?

Girl 1: No.

Female 1: No? You've woven...

Girl 1: No, I just worked it round, I haven't...

Emily Williams: But one way to counter that is through strengthening our social relationships by doing the very activities that are going on in the community garden here, today.

Female 2: It's all about making stuff, enjoying yourself, having fun, connecting with each other and learning new skills.

Boy 2: I come there every day to do some reading. Most of the time when I do come out, most people are playing football in the garden.

Emily Williams: Social relationships are critical for promoting well-being and act as a buffer against mental ill health. National surveys of mental illness amongst adults aged between 16 and 64 in Great Britain show that the most significant difference between people who suffer from it and people who don't is social participation.

Female 3: Of course, having a low income does not help one participate in the things that make you feel good about life. So, if you don't have much money, it's, obviously, really difficult to get out and about. You, perhaps, can be isolated.

Emily Williams: Since the 1970s inequality in income has got worse in Britain. It's impacted dramatically on our health. Today, we're at a turning point, for almost 100 years, life expectancy has been going up. At different rates in different places, but always upwards. But, recently, in Britain we've been recording falling life expectancy for some groups; poorer men in Glasgow. Professor Danny Dorling again.

Danny Dorling: The last time, we ever recorded falling life expectancies in Britain were, in particular, areas in the 1930s when mass unemployment hit those areas. But also when there were particular pit disasters, that meant that one area suddenly saw its life expectancy fall. So it's quite dramatic that we're beginning to see - only just beginning to see - falls again. So people are watching for what happens in the next few years.