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What keeps the UK healthy? Geographical perspectives on health and employment
Space, Place and Health:

• **Place matters** for (physical and mental) health

• Places and people *interact over time* in ways that are important for health

(e.g. book by Sarah Curtis on *Space, Place and Mental Health*)
…Also…

Employment (work & worklessness) matters for health:

Eg. Clare Bambra, *Work, Worklessness and the Political Economy of Health*
Why employment in local communities are important for health of all members of the community...

- income levels and community resources
- social support through work places
- sense of purpose and ‘structure’ to life
- reputation and collective sense of identity

Durham Miner’s Gala
Long term conditions in local labour markets may be especially important for health in communities....

...can influence health over the life-course.
... Two examples from health geography...

health and long term conditions in local labour markets

Mylene Riva and Sarah Curtis
Example 1

Trends in local employment rates (relative to national average) 1981-2001

→ predict death/illness for people in the local population 2001-2007
The information used....

- Office of National Statistics Longitudinal Study
  - 207,959 people aged ≥ 16 years and older in 1981
  - Recorded in the 1981, 1991 and 2001 popn Censuses

- **Measure of health:** did the person:
  - Die from any cause 2001-2007? *(Mortality)*
  - Report a limiting long term illness (LLTI) in 2001 *(Morbidity)*

- Characteristics of each person, measured in 1981, that might relate to their health *(strictly anonymized data analysed in a secure data laboratory)*
  - Sex, age, ethnic group, household composition, economic activity, having access to a car, housing tenure, residential mobility
Linking data on people to information on employment trends in their community

- Trends in employment rates 1981-2008 relative to national average for Local Authority Districts (LADs; n=352)*;

- Analysis to identify groups of areas with similar employment trends

- Linked to information on individual people.

(*Data from the Decennial Census and the Labour Force Survey.*)
local authority districts grouped by trends in employment rates (compared with national average)

8 groups:

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Local Authorities grouped
According to trends in employment rate relative to the National average

**Always relatively High (A)**

**Improvement from low initial level in 1981 (C)**

**Deterioration from initial level in 1981 (E)**

**Always relatively low (H)**
Risk of death higher for people living in area groups E,F,G,H, than in area group A

(allowing for individuals’ socio-demographic characteristics in 1981 and residential mobility 1981-2001)
Reporting long term illness: those always living in areas classed ‘E’ or ‘H’ are more likely to report an illness than residents of group ‘A’.
Policy implications

• Especially poor health was found for people in our sample living in areas where employment was persistently low over time.

• These are areas with especially ‘deep seated’ economic and health disadvantage. To ‘reverse’ these conditions is likely to require intensive and sustained policies and interventions.

• Health disadvantage was less pronounced for people in areas with low employment levels in 1981 but showing marked improvement over time.
Example 2: Is there a ‘legacy of ill-health’ in ‘ex-coalfield’ areas?

The mining industry has suffered major decline in the last 20 years.

Do residents in ‘ex-coalfield’ areas report worse health, allowing for their other characteristics?
The information used

• **Data for 26,097 people** answering the national Health Surveys for England, 2004 - 2006

• **Measures of health** (based on survey answers): did the person:
  - Report a limiting long term illness?
  - Have a common mental disorder?

• **Characteristics of each person**, that might relate to their health (*strictly anonymized data*)
  - Sex, age, ethnic group, marital status, social class, smoking and drinking behaviour
Does the person live in an area which in 1981 was heavily dependent on coal mining?

(mining employed more than 10% of male workforce in 1981)
Allowing for individual’s personal characteristics, the risk of long term illness was greater for those in coalfield areas, but the risk of mental disorders was no different.
Also....

the risks of long term illness in ex-coalfield areas varied:-

greatest in the most rural ‘ex-coalfield’ areas.
Policy implications:

This study of ex-coalfields was reported to the Improvement and Development Agency.

The study shows that not all aspects of health are poor in coalfield areas and suggests that action in local areas can help to improve health.

http://www.idea.gov.uk/idk/aio/18036469
Key messages:

Employment conditions at the level of whole communities are important for health

Where economic regeneration boosts healthy employment, this may benefit health for the whole community.

Area regeneration programmes are important especially in areas where employment rates are low.
This research is published as:


Acknowledgements

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- Census output is Crown copyright and is reproduced with the permission of the Controller of HMSO and the Queen's Printer for Scotland.
- The authors alone are responsible for the interpretation of the data.
Thank you!
Risk of illness greater than in area group A, for all other groups, especially G and H.