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Book

Your health is my health: how everyone’s health is interconnected

People who provide health and social care services, transport, food, and other essential services have maintained the economy, vital services, and crucial support systems during the COVID-19 pandemic, and many of these workers have been disproportionately impacted by COVID-19. In many countries the COVID-19 pandemic has highlighted pre-existing racial and social inequalities. Health inequalities have been driven by structural factors that limit resources in deprived areas, leaving some more vulnerable to disease than others. Michael Marmot’s 2004 book, The Status Syndrome, analysed the link between class, health, and life expectancy in the UK. His research has shown that socioeconomic status is one of the strongest predictors of health and mortality. Social class has historically limited life chances, as deprivation is linked to lower levels of education and income, and higher levels of unemployment. Health is not, therefore, solely in the hands of individuals, but the environment and the conditions in which people live and work shape health behaviours. So how do we improve the health of all the people in society?

Sally Davies and Jonathan Pearson-Stuttard’s book Whose Health Is It, Anyway? brings fresh insights to this question. The book examines the current health-care system and how health has long been an untapped resource in many countries across the globe. The authors argue that there should be a repositioning and valuing of health. They also problematise the way current structures promote unhealthy behaviours. There is clear evidence that health is a major contributor to our economic outlook and life chances. The social, commercial, and political drivers of health influence what people eat, drink, and where people live. Being born in deprived areas exposes individuals to toxic environments with insufficient resources, and creates challenges to making healthy life choices. The book also highlights the ways the health-care system has become an illness system. Instead of providing preventive care, health systems are overwhelmingly treating those who are already ill. While populations are living longer, they are also living with multiple comorbidities that are costly for health services to treat.

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Davies and Pearson-Stuttard advocate a total health approach that includes “physical, mental, and social health and also the underlying drivers that influence all those aspects of our lives” to address society’s health needs before people become ill. This integrated approach will not only increase the number of years people live but also the quality of those years. The authors recommended “three innovative new societal contracts: new shared values between the private sector, civil society and our nation’s total health; a new 21st century public health system that includes monitoring with surveillance and health security; and an expanded NHS [the UK National Health Service] that provides a health and care system that encompasses acute and chronic illness along with social care”. Moreover, a total health approach will improve not only the overall health of the society but also productivity.

But what are some of the challenges in realising this agenda that Davies and Pearson-Stuttard so persuasively make? The British Social Attitudes 2018 survey found that public satisfaction with the care provided by the NHS dropped to 53%, mainly due to lengthy wait times, inadequate funding, shortages in the health workforce, and money being wasted. Dissatisfaction with the NHS could have had a direct impact on whether people seek care when needed. Further insights came from the House of Commons, House of Lords, and Joint Committee on Human Rights 2020 report Black People, Racism and Human Rights, which indicated that Black people in England feel that they receive worse care than their white counterparts. The report cited research from September, 2020, showing that “over 60% of Black people in the UK do not believe their health is as equally protected by the NHS compared to white people.” Clearly, issues of structural racism and inequalities must be addressed to ensure that the health system operates more equitably.

COVID-19 has shown that being wealthy affords a certain level of protection that is denied to those who are less affluent. The wealthy remain protected from the virus due to the labour of those who are in the lower socioeconomic strata. The socioeconomic effects of the pandemic in the UK and USA have also particularly impacted ethnic minority communities. To protect all of society, governments and policy makers must centre the health of all the people. Davies and Pearson-Stuttard convincingly answer the question “whose health is it?” by showing that it is “everyone’s: ours as individuals, collectively as communities, and society all at the same time”. Our health is placed squarely in the hands of government officials and politicians who are rarely incentivised to value health in the comprehensive way set out in this book. The pandemic has made it evident that the health of everyone in society should be prioritised.

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