

Summary of the Main Report

Inequality in Living Conditions and Health in Gothenburg, 2014

A Socially Sustainable City

This is a summary of the report Inequality in Living Conditions and Health in Gothenburg, 2014. The aim of the report is to provide an overall description of the disparities in living conditions and health between different groups in the city and between different districts. The report also presents a summary of proposals for measures in four focal areas:

- 1. Give every child a good start in life
- 2. Provide children with good conditions throughout their school years
- 3. Create preconditions for work
- 4. Create sustainable environments and communities that promote health

This summary contains a brief presentation of the contents of the report. You can read about what we know today, disparities in living conditions and health, and proposed measures to tackle the inequality.

Both the report and this summary are part of the city's social sustainability work. The starting point for this work can be found in the prioritised objectives in the City of Gothenburg budget that focus on reducing inequality in living conditions and health and creating good opportunities in life for everyone. These objectives have been in place since 2013 and are also included in the 2015 budget.

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City of Gothenburg

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This summary is based on the report Inequality in Living Conditions and Health in Gothenburg, 2014. For references and more detailed information, please see main report.

The report and further material are available at: www.socialhallbarhet.se/helastaden

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PART I. CURRENT KNOWLEDGE ABOUT **INEQUALITY IN LIVING CONDITIONS AND HEALTH**

Less inequality results in better health for everyone

Health is affected by our day-to-day living conditions, environments and habits. Although biological and genetic factors and our personal choices are important for how our health develops. Current research indicates, however, that it is the social conditions that are the most fundamental causes to how health develops in a population. Health promotion work is aimed at influencing the factors that contribute to positive, equal health development in the population.

Current knowledge within this area tells us that the health pattern in a population is the result of the distribution of income, goods and services and the potential to control one's life. It also tells us that health disparities arise as a result of the way access to schools, education and healthcare is distributed as well as working conditions, leisure opportunities and housing. Sweden is a welfare state and the main point of discussion is not about whether we can eat until we are full, whether we have somewhere to live or whether we have a school to attend. It is more about the quality of the food, home and school and

the degree to which different groups in society have equal access to quality. Health should therefore not be viewed purely as an individual matter but one that affects the whole community.

There are of course differences within communities. The existence of differences is not a problem per se. However, major differences that create and reinforce inequality also lead to increased health disparities. Social cohesion and security also tend to deteriorate in a community of this nature. Work aimed at reducing inequality in living conditions and health could therefore also contribute to improving cohesion, security and involvement. This benefits everyone – irrespective of their socioeconomic position in society. At the same time, good health is a benefit in itself and has intrinsic value, regardless of whether it has positive socioeconomic results or not.

The higher a person's social and socioeconomic status, the better their health

A pattern that has emerged from research is that groups with a high level education and a high income generally enjoy better living conditions and better health than those who have a low level education and a low income. This means that health is affected to a significant degree by social status – often measured in terms of income and level of education.

A great deal of research has been conducted into this link, known as the social gradient in health. The social health gradient means that health gradually improves with social position, regardless of the socioeconomic group to which a person belongs.

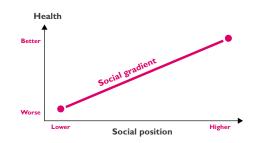


Figure 1. The social gradient – a higher social position results in better health.

However, research shows that income differences are also of significance to health; the greater the difference in income, the poorer the health of everyone, regardless of their income. It has been seen that in communities with small income differences the health of the population in general is better. However, cohesion, security and trust are also higher in these communities than in communities with broad income differences.

We also know, for example, that mental and physical health, criminality, use of drugs, academic performance, obesity and teenage pregnancy are affected by the level of equality in a community and not the level of prosperity.

Everyone benefits from the city becoming more socially sustainable. Even those who are in the best position are better off in a more equal society. When people thrive they can contribute to building what can be regarded as a good society. We also know that more equal societies function better than unequal ones.



Society's shared resources can be used for other purposes

Why is it justified to work so intensively on issues dealing with social sustainability and reduce disparities? One reason is that the issues are strongly linked to what the UN has defined as our human rights. Another reason is that it is enshrined in Swedish law. A third reason is that research has shown that societies that are equal function better than unequal.

A further argument is that working to bring about social sustainability and to reduce disparities in living conditions and health is a way of managing shared resources. If more people in Gothenburg have the opportunity to take part in and contribute to society, everyone benefit. Research shows that less inequality benefit everyone, regardless of who you are and where you live. This is partly due to the fact that shared resources can be used for purposes other than rectifying the negative effects of major disparities in living conditions. Health has therefore been highlighted increasingly as a means of economic de-velopment. Equal health is both a goal and a means of achieving social sustainability.

We also know that the conditions in which children grow up have a life-long effect on them. Regardless of how we as individuals

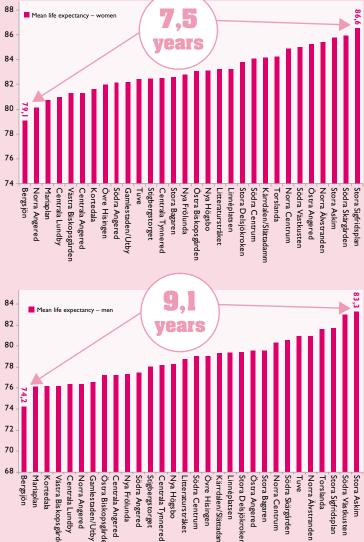
view disparities, everyone wants to have a Gothenburg that is good for children. A city where children are afforded equal opportunities to succeed at school and in life regardless of their background. A city where we trust each other and feel a sense of belonging and security. If socially sustainable development is not prioritised in the city, there is an increased risk of growing social unrest, lack of security and criminality. This could in turn result in a weakening of people's trust in the legal system, public authorities and neighbours as well as growing discrimination, ill health and a lack of hope for the future among young people. Investing in health of will pay off many times over in the future.

There is evidence to support the notion that a community benefits from optimising the health of its population. Preventing ill health costs considerably less than dealing with the consequences. There are thus very good reasons for investing in health promotion in order to improve the general level of health in a population.

(Malmö Commission, 2013, p. 50)



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PART 2. INEQUALITY IN LIVING CONDITIONS AND HEALTH IN GOTHENBURG

Significant inequality between different groups

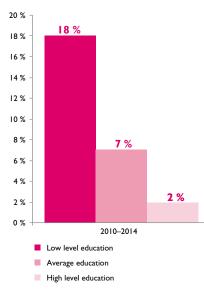
There are substantial disparities between groups of people in Gothenburg. Those with a high level education and a high income are generally in better health compared with those who have a low level education and a low income. On a group level, those with a high level education often have better living conditions and thus better chances to live the life they aspire to.

This indicates that the living conditions and health of the people of Gothenburg are generally related to their socioeconomic status. In effect, life is shaped by a person's level of education, income and profession.

Inequality in the level of social involvement among the people of Gothenburg

An example of disparities between groups of people in Gothenburg is that defective social relationships, loneliness and isolation are more common among young people with a low level education than among those with a high level education.

The degree to which we trust other people also varies between people with different levels of education. A low level of trust is more than twice as common among people in Gothenburg who have a low level education compared with those who have a high level education.



The graph shows the link between level of education and social isolation in per cent (%) among adults (30-64 years) in Gothenburg.

Significant inequality between different areas

Living conditions and health of people in Gothenburg with a low level education are probably similar regardless of where they live. Consequently, a person could have less in common with their neighbour than with someone from another area. But as Gothenburg is socioeconomically segregated we also see that the disparities are enhanced when the city is examined from a geographical point of view.

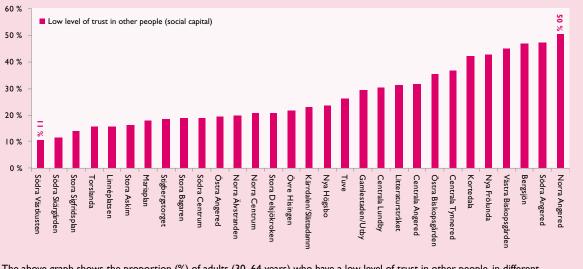
This segregation means that in certain areas the majority of people have a high level education and a high income and in other parts the majority have a low level education and a low income.

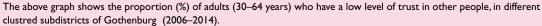
There are thus substantial disparities when a comparison is made between different districts of Gothenburg. There are, for example, major variations in life expectancy between different parts of Gothenburg. For men the difference can be as high as 9.1 years in the city's clustered subdistricts. The corresponding figure for women is 7.5 years.

Inequality in the level of education between various parts of the city

We can also see substantial disparities in the level of education in the city. In

The graphs show the difference in life expectancy at birth for women and men in Gothenburg, in different clustered subdistrict of Gothenburg (2008-2012). It should be noted that the age axes begin at 74 and 68 years respectively.





Stora Sigfridsplan, half of all adults have a post-high school education of three years or more. In Norra Angered, just 12 per cent of the adults have a post-high school education that is three years or longer.

Disparities in trust between parts of the city

A further example of major disparities between clustered subdistricts in the city is when we ask individuals whether they trust other people. In Norra Angered, half of all adults report a lack of trust in other people, whilst the level of trust is considerably higher in other areas. We frequently make comparisons between districts. However, there is, not only inequality between districts – but also within them. Significant inequality within the same district can be found in Askim-Frölunda-Högsbo and Västra Hisingen. The differences are least evident in the City Centre.

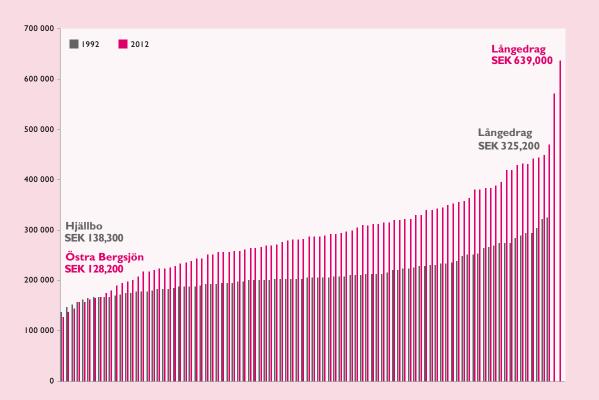
Inequality in income between people in different districts

Generally, the average income, which is the total income from employment before various benefits, has increased significantly in Gothenburg since 1992. However, whilst it has increased in the majority of districts, it



has actually decreased in those districts where total income was lowest from the outset. One explanation is the increase in unemployment, which results in lower income. This means that over time income inequality in Gothenburg has increased.

Between 1992 and 2011, the average income in the district with the highest incomes increased by SEK 314,000. In the districts with the lowest incomes, the average income fell by SEK 10,000 during the same period. Even when the median income is examined there is still a marked difference. The income differences show that in some districts a number of people or families could support several other people on their salary. The opposite is the case in other districts, where people and families on a low income are unable to survive without various benefits, such as housing benefit and welfare support. It can also be said that without the Swedish welfare redistribution system, the disparities in Gothenburg would have been even more pronounced and would have had even greater implications.



The graph shows the average income in 1992 and 2011 for adults aged 25-64 years in different subdistricts of Gothenburg.

The average income is based on income from employment at 2011 monetary values. The subdistricts are ranked for each year, which means that the districts do not necessarily have the same position in the ranking in 1992 and 2011. It is only the disparities over time in the city that are shown, not how each subdistricts has developed. Certain subdistricts have been removed due to an insufficient number of observations.

Children are important here and now – but they also represent our future

In Gothenburg, children and young people have a relatively good home environment as well as relatively good living conditions and lifestyles. At the same time, statistics show that there are groups of children who have a poorer home environment and poorer health than other children in the city. The disparities in living conditions and health are obvious and appear early on in a child's life.

There is considerable intrinsic value in a child enjoying good health and a good home environment. Giving a child a good start in life also leads to better lifelong health. A good home environment could thus be regarded as an investment for the future, both from an individual's point of view but also from a socioeconomic point of view. Interventions taken early in a child's life are in this respect a recipe for success.

Significant inequality between children's home environments

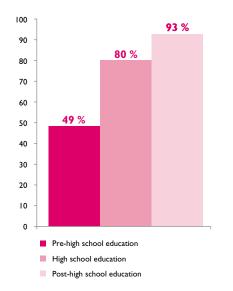
There is a general link between the parents' socioeconomic status and a child's home environment. Current research tells us that at population level the higher the education level and income of the parents, the better the chances of their children to enjoy good health. Impaired health status during childhood could impact generally on the child's health and future life and is of significance to how life can develop. In this way, the parents' social position also affects the future lives and health of their children, irrespective of the position those children ultimately attain in society as adults.

There is also a strong link between a child's performance at school and the social, physical and economic settings in which the child grows up. There is also a correlation between the home environment and the educational achievements of young people.

Inequality in high school qualification among young people

An example of the major disparities in the city is that just 49 per cent of students whose parents had a low level education qualify for high school. The corresponding figure among students whose parents have a high level education is 93 per cent. Around half of all students who have parents with a low level education thus fail to qualify for high school. It would appear that the parents' level of education is of greater significance to a student's grades than whether the parents have a Swedish or foreign background.

Another example of disparities is that it appears to be the case that the children of parents with a high level education also have



The graph shows the proportion (per cent) of students in Year 9 who qualified for a high school vocational programme, broken down according to the parents' level of education (2012/2013 academic year).

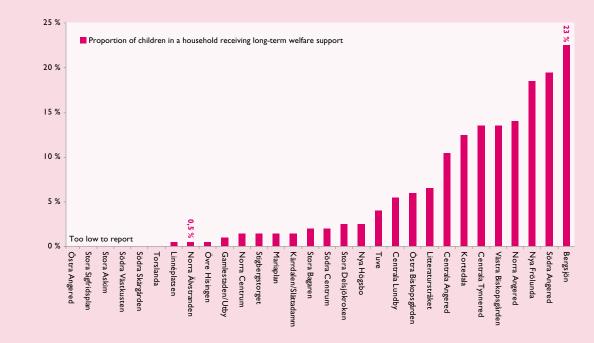
better dental status and lifestyles and a more positive attitude to the area in which they live. Socioeconomic disparities are also reflected in a child's leisure pursuits, such as being an active member of a club or association.

Inequality in families' financial conditions

In Gothenburg, 19 per cent of all households with children are at risk of poverty. This means that the household has a disposable income that is less than 60 per cent of the median income for all households in the city. In 2011, the figure in Gothenburg was SEK 111,392. This means that all households with children at risk of poverty have a maximum of SEK 111,392 per year remaining after tax to either consume or save. In Östra Bergsjön, 60 per cent of households with children live in a financially vulnerable situation as described above compared to just two per cent in Björlanda.

Another way of describing the diverse financial conditions in which a child grows up is to look at the proportion of children who live in households receiving long-term welfare benefits. There are also considerable variations between different parts of Gothenburg. At one end of the city, there are clustered subdistricts where 23 per cent children live in families on long-term welfare benefits. The corresponding figure in another part of the city is less than 0.5 per cent.

The financial conditions during a child's formative years have an impact on the child's education, grades and qualification for high school as well as their future prospects on the labour market and housing market. However, children are also affected here and now. Children who grow up in a financially vulnerable situation often find it more difficult to make friends, they are bullied more frequently, they experience shame and anxiety more often and they have lower selfesteem and quality of life than other children. A childhood such as this leads to ill health in both childhood and adult life.



Proportion of children in a household receiving long-term welfare benefits.

The diagram shows the proportion (%) of children in a household with long-term (> 10 months) of financial assistance (welfare support) in different clustered subdistricts of Gothenburg, 2012.

Reinforcing Gothenburg as a city for children – a success factor

Each individual part that we examine does not necessarily play a decisive role in people's lives or their future prospects and health. However, this changes when the different parts are combined. Having both a low level education, a low income and a job over which you have little control but which at the same time is highly demanding, leads to an increased risk of poorer health than what one single factor does. Current research also

indicates that small risk factors in childhood tend to grow in magnitude as life progresses.

It is therefore particularly important to see how inequality in living conditions affects children and their future prospects. What does it mean to grow up in conditions that are considerably poorer than those of your friends? The data on which this report is founded show that relative differences are important to health and cohesion in society.

PART 3. REDUCING INEQUALITY IN GOTHENBURG

Possible ways forward

-30 proposals and 130 examples of what Gothenburg can do

In this report, proposals are presented within 30 action areas as well as 130 examples of measures that can be taken to reduce inequality in life conditions and health in Gothenburg. The idea is that these proposals should stimulate discussion about what the City ought to do, wants to do and can do in order to reduce inequality in Gothenburg.

The City of Gothenburg has chosen to concentrate its efforts on four focal areas. By working in these areas we can in time achieve results.

- **1.** Give every child a good start in life
- **2.** Provide children with good conditions throughout their school years
- **3.** Create preconditions for work
- 4. Create sustainable environments and communities that promote health.
- An area that deals with creating structural and general conditions for work on the four focal areas above has also been identified.

Proposals for ways forward for the City of Gothenburg

Structural and general conditions

- Proposal I: Organise to facilitate sustainable control and management.
- Proposal 2: Make financial calculations and focus on social investments.
- Proposal 3: Assess the consequences on inequality in health in conjunction with decision-making.
- Proposal 4: Integrate the revisiting of inequality in living conditions and health into the organisation's existing analysis and follow-up system.
- Proposal 5:Work actively on knowledge alliances.
- Proposal 6: Promote social cohesion in the City.

Focal area I: Give every child a good start in life

Proposal 7: Ensure that venues that promote health for children and parents maintain a high and equal level of quality.

- attendance.

Proposal 8: Provide childcare and preschool that are of equitable and of high quality for everyone and in relation to their degree of vulnerability.

Proposal 9: Take measures to reduce the number of children who live in financially vulnerable households.

Proposal 10: Counteract evictions of families with children.

Focal area 2: Provide children with good conditions throughout their school years

Proposal 11:Take measures to reinforce equitable schooling.

Proposal 12: Prevent students from dropping out of school and improve

Proposal 13: Improve collaboration between schools and parents.

Proposal 14: Undertake measures that promote health in schools.

Proposal 15: Promote an equitable student health system.

- Proposal 16: Organise and plan for students' participation and influence in school and in society.
- Proposal 17: Work actively to promote a mixed composition of students in schools.
- Proposal 18:Take measures that promote children's learning.
- Proposal 19: Offer all children accessible culture and leisure activities.

Focal area 3: Create

- Proposal 20: Facilitate entry into the labour market.
- Proposal 21: Develop and offer supportive, advisory initiatives for young people.
- Proposal 22: Offer adult education that is accessible and financially viable for everyone.
- Proposal 23: Introduce social requirements in public procurement and stimulate the development of social enterprises and worker cooperatives.
- Proposal 24: Develop and implement strategies for good working conditions.

Focal area 4: Create sustainable environments and communities that promote health

- Proposal 25: Strengthen people's involvement, influence and security.
- Proposal 26: Plan for a local environment that promotes health.
- Proposal 27: Plan to reduce segregation in housing.
- Proposal 28: Increase access to housing.
- Proposal 29: Increase the use of physical and public means of transport.
- Proposal 30: Offer and coordinate initiatives that promote health.

"Do something, do more, do it better"

The World Health Organisation (WHO) states that the majority of the world's health inequality can be addressed. Our starting point is that this also applies to Gothenburg. In the task of highlighting European differences in living conditions and health, the motto "do something, do more and do it better" was coined. This is also our motto in Gothenburg.

The basic level, "do something" has to a large extend already been established in Gothenburg. Our future focus is on "doing more". This means, for example, that initiatives that are known to produce results, and which in certain parts of Gothenburg are already being implemented, will spread to other parts of the City. However, it is primarily a question of the City working on "doing it better" as the task of creating a more socially sustainable Gothenburg is in many ways already regarded as work in progress. We must not lose sight of what we are already doing. At the same time, we must not be content with what we have achieved as we are in a position to influence development even further. This means that whilst a great deal of what we are already doing is a step in the right direction we need to reinforce and improve our current work and improve effectiveness. We also need to develop new interventions in order to reduce inequality further.



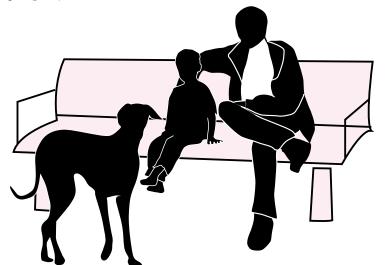
No single initiative in isolation can change Gothenburg

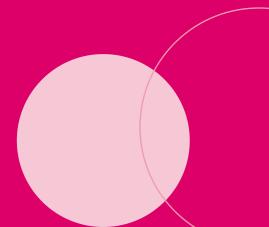
From research and experience we know that many different measures will be needed to make an overall difference. Achieving significant results at population level, and over time creating a sustainable society, requires a range of long-term measures on many levels and in collaboration with other actors in the community.

Gothenburg's 30 main proposals for possible ways forward involve measures that can be carried out by different players, on different organisational levels and to the benefit of different target groups. Some proposals deal with developing support initiatives and activities for the City's inhabitants. These initiatives could be promotional or preventative and reach everyone, a particular group or just a few individuals. Other proposals deal with developing the City of Gothenburg as an organisation in terms of control, interaction, public dialogue, competence development, operational evaluation and the development of specific means to facilitate analysis and measurement. There are also proposals that deal with developing places, environments and the infrastructure in Gothenburg.

Above all, health-promoting, preventative work needs to take place throughout the entire city. The extent of the inequality is a problem for the city as a whole and not just in certain areas or among certain groups. We are one city and we therefore share the responsibility for reducing inequality and making Gothenburg more socially sustainable. No single initiative can on its own reduce the growing disparities. If it were that simple then we would have done it already. However, many coordinated initiatives can together create a more socially sustainable city.

Reducing disparities is perfectly feasible although the work must be conducted with a long term perspective. Our patience and persistence will be put to the test. Research shows that it could take up to a generation to achieve real change.





A Socially Sustainable City

Inequality in living conditions and health among the people of Gothenburg will be reduced. Everyone benefits from a more equal city.

The full report and further material are available at: www.socialhallbarhet.se/helastaden

