

What builds good health?

An introduction
to the building
blocks of health

This guide was written by Louise Marshall as an update to the previous 2018 edition (*What makes us healthy?*) by Natalie Lovell and Jo Bibby.

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Introduction

1

Health is our most precious asset. Good health and wellbeing enable us to live happy, fulfilling lives and free us up to achieve our potential, supporting positive social and economic outcomes for individuals and society.

But we don't all have the same opportunities to live healthy lives. Right now, in parts of the UK, some people are dying years earlier than they should. This isn't inevitable. There is much we can do to reduce these unfair differences by improving the things that underpin our health.

Many aspects of our lives impact our health and how long we live. These include our jobs and homes, our access to education, public transport and safe green spaces with clean air, and whether we experience poverty or discrimination. These things are often referred to as the 'wider determinants of health', and they are all essential building blocks of our health.

Building a healthy society is like constructing a sturdy building. To succeed, we need all the right blocks in place.

This guide is a brief introduction to these building blocks of health. It explains how a person's opportunity for health is influenced by much more than the NHS, and why people in the UK don't all

have the same chance to be healthy. It sets out how action to strengthen the building blocks of health can lead to improvements in the health of the whole population, for the benefit of individuals, society and the economy.

This guide is for anyone with an interest in people's health and wellbeing. It will be especially useful to those new to the wider determinants of health.

Why focus on the wider determinants of health?

Because so many different factors affect our health, responsibility for improving the health of people in the UK must span all of society. It cannot just be the job of the health and social care system. Indeed, the NHS was never meant to act alone, but was conceived as part of a comprehensive system of social insurance and welfare.¹

A wide range of sectors and organisations have it within their power to improve people's health – including departments across national and local government, the voluntary sector, the private sector, media and local communities. By acknowledging

and acting on this, it is possible to harness many opportunities to overcome the big health challenges of today.

Box 1: Terminology and scope

In this guide we use the term ‘wider determinants of health’. These are sometimes also called the social or socioeconomic determinants of health.

These wider determinants are a diverse range of social, economic and environmental factors that shape the conditions in which people are born, grow, live, work and age. They determine the extent to which people have the physical, social and personal resources to meet their needs, identify and achieve goals, deal with changes to their circumstances and ultimately lead healthy lives.²

We also use the term ‘building blocks of health’ to refer to these wider determinants. This is a simple metaphor that we can all use in our communications, to keep our language easy to understand, and to help explain the role of the wider determinants and how they act and interact to build healthy communities.³

The health and social care system is also an important building block of health that supports everyone at different points in their lives. However, this guide focuses beyond health and social care to areas where there is untapped potential for local and national action to support healthier lives and reduce inequalities.

What is health?

2

When considering ‘good health’ people tend to think first and foremost about an absence of illness.

In this guide, we refer to health in its broadest sense: both physical and mental health, and the extent to which people are enabled to live healthy and flourishing lives. We explore the aspects of daily life that create and support health and wellbeing.

Through this broader lens, a healthy person is someone with the opportunity for meaningful work, secure housing, stable relationships, high self-esteem and healthy behaviours.

A healthy society is not one that waits for people to become ill, but one that understands how health is shaped by a diverse range of social, economic and environmental factors, and takes action on these wider determinants for current and future generations.

But in the public and political debate about how to improve health in the UK, these wider determinants are often left out or misunderstood.⁴ People think about health in highly individualistic and medicalised ways: when we reflect on staying well, we tend to focus on the food we eat and how much we exercise, and we associate the word ‘health’ with

hospitals and doctors. It's less easy to grasp how the wider determinants shape our health and our opportunities to live healthy lives.

For too many people in the UK, these essential building blocks of health are missing or weak. Poverty and poor living conditions (among many other challenges) are damaging health and cutting lives short. This creates health inequalities⁵ – avoidable, unfair differences in health.

Box 2: Wellbeing

Wellbeing is defined in the Oxford English Dictionary as 'the state of being comfortable, happy, or healthy'. Some people use this term – alongside health or on its own – because it encompasses health but also goes beyond it, helping them capture a more rounded picture of healthy lives.

The UK Office for National Statistics launched the Measuring National Wellbeing Programme⁶ in 2010. It publishes a broad range of national statistics to provide a comprehensive picture of how we are doing as individuals, as communities and as a nation, and how sustainable this is for the future.⁷

Why is good
health important?

3

Good health enables people to achieve their potential, helps build a stronger society and fuels the economy. It is the most precious asset we have, both as individuals and as a society.

In turn, our social and economic circumstances are major determinants of health (explored in Chapter 4). The complex two-way relationships between health and social and economic factors can seem difficult to disentangle. But understanding these relationships is key to determining the action needed to create virtuous, rather than vicious, cycles of health and prosperity.⁸

The social value of health

Good physical and mental health is an important enabler of positive community and family life.⁹ It allows people to play an active role in their communities and contribute to society in different ways, such as volunteering, voting and providing support to family and friends.

Good health is associated with greater levels of social cohesion, and this is a two-way relationship, with good social cohesion in turn having a positive impact on people's health. Conversely, poor health

can negatively affect family and social life, hampering people's ability to form and maintain good quality relationships.¹⁰

The economic value of health

A person's economic situation – such as having a job that pays enough to live on, or having sufficient savings – is key to their financial security, but also to their health and wellbeing.

And that person's health and wellbeing throughout their life is also crucial to employers, businesses and the economy as a whole. The health of a population can have a significant influence on a place's productivity and economic output.¹¹

The potential economic benefits of ensuring the best possible population health are huge. A healthy population, of all ages, is good for the economy because:

- healthier children have better educational outcomes, which positively impact productivity in adulthood^{12,13}
- a healthy working-age population supports economic prosperity through higher workforce participation and productivity¹¹

- healthy employees are enabled to continue working as they get older, whereas poor health can lead to forced early retirement^{14,15}
- maintaining good health into later life enables people to enjoy a fulfilling retirement and to continue to actively engage with their communities.¹⁶

Conversely, a working-age population struggling with physical or mental illness will negatively impact the economy as well as individuals' economic circumstances. People with health problems are at greater risk of unemployment, sickness absence and lower household income.¹⁷

Around 1 in 5 people in the UK of working age (16–64 years) have a work-limiting health condition – their health affects the type or amount of paid work they can do. At the end of 2023, 2.8 million people aged 16–64 years (6.6% of the working-age population) were not in the UK workforce at all due to long-term sickness.¹⁸

The moral case

Today, the UK is a wealthy society overall. Yet around 1 in 5 adults live in poverty.¹⁹ In some areas, the child poverty rate is double this.²⁰ Local poverty rates are strongly associated with how long people can expect to live in good health, on average. Vicious cycles of poor health and poor wealth come at huge cost to individuals, society and the economy.

This is not fair, and there is a strong moral case for maintaining and improving health for all. This moral case has been made from several perspectives, over a long period of time.

- **The welfare state** – in 1942 Sir William Beveridge, a social economist, published a report that would provide a blueprint for social policy in post-war Britain.²¹ Beveridge believed that a coherent government plan was needed to address social inequality. He proposed a national minimum safety net, below which no one should fall. As well as recommending a universal health care system, free for all at the point of use, Beveridge's suggestions spanned the wider determinants of health, including housing, education and poverty. His report was popular

and the main political parties agreed that the recommendations would help create a more equal society.

- **Good health is a basic human right** – the Universal Declaration of Human Rights, adopted by the United Nations in 1948, recognises health as a human right (Article 25).²² It states that everyone has the right to a standard of living that is adequate for the health of themselves and their family. This right to health is also included in the International Covenant on Economic, Social and Cultural Rights, adopted by the United Nations in 1966 (Article 12),²³ and is one of the core principles of the World Health Organization’s constitution.²⁴
- **The capability approach** – in the 1980s, economist and philosopher Amartya Sen focused on ‘capability’ for quality of life. He set out the moral importance of people having what they need (for example, good health and a home) to do the things they wish to do and live a good life. Seen from this perspective, health and wellbeing is a resource for living, and is a matter of social equity and justice.²⁵

What influences
health and drives
health inequalities?

4

Almost every aspect of our lives influences our health, and ultimately how long we will live (Figure 1). This includes our jobs, homes and social connections, our access to education, safe green spaces and public transport, our experiences of poverty or discrimination, the food we eat, and more.

Thriving communities need every building block of health to be in place. These building blocks are interlinked in dynamic and mutually reinforcing ways, both within places and throughout people's lives. If any of the blocks are missing or eroded, this can harm people's health and result in health inequalities.

Take, for example, someone who doesn't have the opportunity to do well at school – perhaps because ill health causes them to miss school, or their home circumstances make it difficult to focus on schoolwork. Later in life, they may be less likely to have and maintain a good job with fair pay and healthy working conditions. Without a stable income, their housing situation may become precarious, and they may not be able to access basic services. They are then more likely to suffer poor health outcomes through their adult life.

To discover data, insights and analysis exploring what drives health inequalities, visit our evidence hub:
www.health.org.uk/evidence-hub



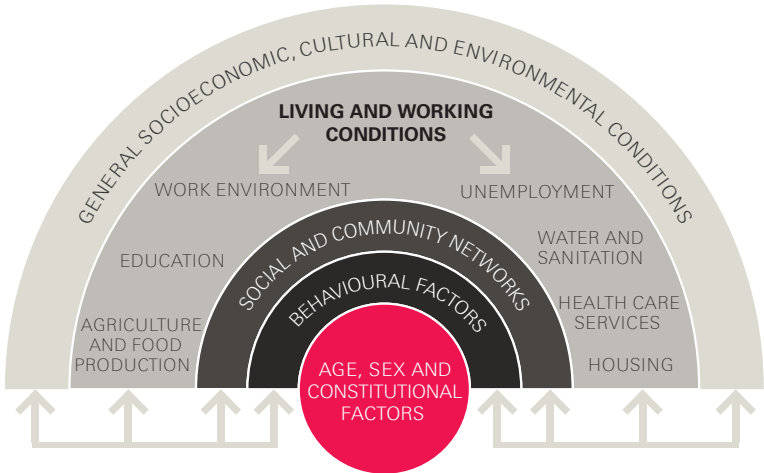
Figure 1: The building blocks of health





The layers of influence of different determinants of an individual’s health and wellbeing are illustrated in Figure 2.

Figure 2: The factors that influence an individual’s health and wellbeing²⁶



The outer layers of determinants in this diagram – the building blocks – influence our health and wellbeing in many ways. They determine our opportunities to do the things that will help us to stay well as individuals – such as eat a healthy diet and be physically active²⁷ – as well as determining our ability to access health services when we need them.

Our position in society and our personal characteristics, such as our race or sex, affect our exposure to things that might harm – or support – our health. They can also shape our resilience to such harm. To learn more about what drives health inequalities, visit our evidence hub: www.health.org.uk/evidence-hub

The rest of this chapter gives an overview of eight important building blocks of health. While not an exhaustive list, action on these eight building blocks could greatly improve people’s opportunities to live healthy lives.



Family, friends and communities

Our family, friends and communities are the cornerstone of our everyday lives. The relationships we form, the support we have, and the interactions we experience can all influence our health.²⁸ People who have good relationships with their family, friends and communities tend to be happier, have better physical and mental health, and live longer. Without these positive social relationships – or if we have negative ones – we are more likely to experience loneliness and depression.

Around 1 in 20 adults in the UK report that they always or often feel lonely. Loneliness makes us more likely to experience poor mental and physical health. There are several direct and indirect reasons for this, but an important one is that having positive, supportive relationships can reduce the physiological response to stress, which over time can harm health.

Beyond the immediate relationships we have with our friends and families, our wider connections and sense of belonging within our communities can also have an important influence on our health, especially mental health. Good community relationships can, to some extent, mitigate some of the negative

impacts of neighbourhood deprivation on people's mental health. A sense of belonging and cohesion is strengthened by people working (or volunteering) together, by feeling safe in the neighbourhood, and by people's long-term plans to remain living in their local area.

As we have described, the building blocks of health are interlinked and have two-way relationships with health, and experiencing poor mental or physical health can have a negative impact on our social connectedness.

More information about how family, friends and community impact health

The Health Foundation's Shaping Places for Health and Wellbeing programme supports local action on this building block of health:
www.health.org.uk/shaping-places-for-healthier-lives

Learn more about this topic, and explore charts and data: www.health.org.uk/evidence-hub/ffc





Money and resources

Money and resources are essential for good health. Not having enough money to make ends meet can harm mental and physical health in many ways.

People in the bottom 40% of the income distribution are almost twice as likely to report poor health than those in the top 20%.²⁹ Poverty in particular is a risk to health, especially persistent poverty. More than 1 in 5 people in the UK are living in poverty,³⁰ meaning they have inadequate resources to meet basic living needs.

There is a strong relationship between money – such as income or wealth – and health outcomes. This is because money enables access to many of the other building blocks of health, including good quality housing, healthy food, the ability to heat our homes, and social participation.

Constant worry about not having enough money exposes us to chronic stress, which can have negative impacts on our long-term mental and physical health, including raised blood pressure and a weakened immune system. Being in problem debt is associated with worse mental health: a third

of people in problem debt experience high levels of anxiety (which is more than twice as many people as those not in problem debt).³¹

There is a two-way relationship between money and resources and health. Poor health can limit opportunities for good and stable employment, affecting income, the ability to save and the risk of problem debt. Vicious cycles can exacerbate inequalities in health as well as in financial security.



More information about how money and resources impact health

The Health Foundation's Economies for Healthier Lives programme aims to strengthen relationships between economic development and health:

www.health.org.uk/economies-for-healthier-lives

Learn more about this topic, and explore charts and data: www.health.org.uk/evidence-hub/money-and-resources



Housing

Our homes are fundamental to our health and wellbeing. The condition, nature, security and location of our housing has a big impact on our lives, influencing our health and wellbeing in numerous ways. A healthy home is affordable, warm and stable: somewhere safe that meets the diverse needs of the people living there, and helps them connect to community, work and services.

Poor housing affordability is when high rents/mortgages, maintenance costs and utility bills put people under financial pressure. This affects health by causing stress and anxiety, as well as by reducing the funds available to spend on other things that promote health (such as healthy food and exercise). Affordability problems can also contribute to overcrowding, as households seek to spread the fixed costs of accommodation across more individuals, which can negatively impact mental health.

The quality or condition of housing also has a significant impact on health in many ways. Cold homes – or the inability to afford to heat a home – can lead to damp and mould, which can cause respiratory

problems, joint pain and headaches. Homes may contain hazards, like faulty wiring, posing a risk to health. Housing quality also covers the suitability of homes for their inhabitants, including whether they are overcrowded, or have access to outdoor space.

Housing stability and security is about whether people have control over how long they live in their homes, and how safe and secure they feel there. Housing instability can cause significant stress, which can harm mental and physical health, and frequent moves can be disruptive to engagement with local services and the development of relationships in local communities.



More information about how housing impacts health

Learn more about this topic, and explore charts and data:
www.health.org.uk/evidence-hub/housing



Education and skills

Good education and skills provide a strong foundation for good health and a decent quality of life, throughout life.

Education and skills can enable supportive social connections, access to good work, lifelong learning and problem solving, as well as helping people feel empowered. These all enable people to live healthier lives by increasing our ability to live and work in safe and healthy environments, to afford a good quality of life, to access healthy food and activities, and to manage and limit exposure to life's challenges.³²

As a result, people with the highest levels of education can expect to live around 4 years longer than those with the lowest, and are less likely to live in poverty during their working age.

As with the other building blocks of health, the relationship between education and skills and health is multidirectional and complex. Poor physical or mental health can have a negative impact on educational attainment by limiting engagement with education, and for nearly a quarter of young people (aged 16–24 years) who are not in employment, education or training, this is due to poor health.

Education also interacts with other building blocks of health. Pupils from lower income families are less likely to reach a good level of educational development at the end of their first year of schooling than those from higher income families. These complex interrelationships between the building blocks can mean that both health and economic inequalities can persist – or escalate – throughout people’s lives, as well as between generations.



More information about how education and skills impact health

Learn more about this topic, and explore charts and data:

www.health.org.uk/what-builds-good-health



Good work

Employment, or the lack of it, can have considerable influence on health and wellbeing. In turn, poor health can limit people's ability to access and sustain work, locking people into cycles of poor health and financial insecurity.

Access to good quality work is a key building block of a healthy society. Good work provides us with sufficient income to meet basic needs, and the money and time to participate in community and social life – all essential to good health.

As well as fair pay to enable us to meet our basic needs, good work benefits the health of individuals and society in many more ways. Good work provides stability, security and support for our wellbeing: from hazard-free environments to personal development opportunities, autonomy over our work and a good work–life balance. These can all promote a sense of identity, self-esteem, purpose and reward.

Good employment also offers protection against the harmful effects of unemployment and insecure jobs, which can damage long-term health and wellbeing by causing stress, poverty and harming future employment opportunities.

More information about how good work impacts health

The Health Foundation's Commission for Healthier Working Lives supports action for better working-age health and a thriving workforce:

www.health.org.uk/commission-for-healthier-working-lives

Learn more about this topic, and explore charts and data:

www.health.org.uk/evidence-hub/work





Transport

Transport systems are an important building block of health through their direct impacts as well as by enabling access to many of the other essential building blocks.

Transport can directly affect health in positive ways, such as the physical and mental health benefits of travelling in active ways, like walking and cycling. Transport can also directly negatively impact on health – air pollution and road accidents, for example.

Walking or cycling as part of our travel routine can help meet levels of physical activity recommended for good health, and it is estimated that more than 1,000 early deaths per year could be prevented in England if all regions had the same level of walking and cycling as those with the highest levels.³³

But not everyone has the same opportunities to travel in active ways. Reasons for this include how safe our local areas and roads are, and the distance and route between home and work. More socioeconomically deprived areas also experience more road casualties³⁴ and higher levels of air pollutants from transport (as well as other sources).³⁵

Reliable, affordable and accessible transport also influences health by shaping our access to other building blocks of health, such as connecting us to work, public services and social connections. Lack of access to good transport can limit our options and opportunities for work, leisure and community participation, health services and sometimes healthy food. This can all have a negative impact on our health and wellbeing.



More information about how transport impacts health

Learn more about this topic, and explore charts and data:
www.health.org.uk/evidence-hub/transport



Our surroundings


Our neighbourhood and surroundings have a powerful influence on our physical and mental health, and how long we can expect to live.

Differences in air pollution, crime, safe and accessible green spaces, shops and food outlets in our area can all lead to differences in health.

Some aspects of our surroundings have a direct effect on our health – for example, exposure to air pollution increases the risk of asthma and lung cancer. Other aspects shape our health in less direct ways. For instance, the level of crime in an area can influence how safe people feel, which can in turn affect mental health – along with impacting participation in activities which are good for our health.

Access to safe green spaces can bring important mental and physical health benefits, offering the opportunity to exercise outdoors and spend time in nature, which is increasingly understood to be good for our mental health. Green spaces also help reduce pollution, and provide opportunities for people to come together socially, increasing community connectedness and supporting wellbeing.

The local amenities in our neighbourhoods also influence our health. The density of outlets selling tobacco affects the number of young people taking up smoking in a local area. Likewise, more gambling (and problem gambling) is seen in areas with more betting shops, and alcohol consumption and harm are greater where there are more places selling alcohol. Furthermore, these outlets tend to be more densely located in more deprived areas.



**More information about
how our surroundings impact health**

Learn more about this topic, and explore charts and data: www.health.org.uk/evidence-hub/our-surroundings



The food we eat

Good food is a fundamental building block of our health, essential for children's development and health throughout our lives. Everyone should be able to access and afford enough nutritious food to lead a healthy life. But this is not the case for many people in the UK, with levels of food insecurity rising in recent years.

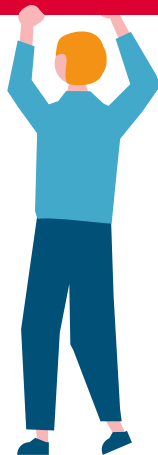
Healthier foods tend to be more expensive and less readily available than foods that are high in fat, salt and sugar. For the poorest fifth of people in the UK, a diet that meets nutritional guidelines for good health costs half of their disposable income, compared to around a tenth for the wealthiest fifth.³⁶

The area we live in also determines our access to good food. The most deprived areas in England have five times more fast-food outlets than the least deprived areas.

This is important because the availability and nature of retail and food outlets in our immediate surroundings can influence the food we eat, and growing evidence suggests that greater exposure to fast-food outlets is associated with higher levels of obesity (although this is not conclusive). Obesity is a risk factor for a number of adverse health outcomes.

More information about how the food we eat impacts health

Learn more about this topic:
www.health.org.uk/food-insecurity



Fair opportunities
for healthy lives

5

Everyone should have access to the building blocks of health that enable us to live healthy lives. But inequalities in power, money and resources at local, national and even global levels can make the circumstances of people's daily lives more challenging, and increase their risk of poor health.

For too many people in the UK, lives are being cut short because they are more likely to face conditions – such as not having enough money to make ends meet, insecure work, or living in poor quality housing – that lead to poorer health and an earlier death.

In the years immediately prior to the COVID-19 pandemic, men born in the most deprived tenth of areas in England and in Wales could expect to live around 9 years less than those in the least deprived tenth of areas in their country. In Scotland, this gap was more than 13 years. For women, in England and Wales, the gap in life expectancy was around 7.5 years; in Scotland it was 10 years. The gap in how long people live in good health is even greater between the most and least deprived areas, meaning that not only do people born in the most deprived areas live shorter lives, they also live more of their lives in poor health.³⁷

These differences in people's health and wellbeing are called health inequalities. They don't just exist between the very rich and the very poor in society: they span the whole population and affect people of all ages, at every stage of life and across all major diseases. The Health Foundation's evidence hub is a good way to find out more about health inequalities: www.health.org.uk/evidence-hub

But health inequalities are not inevitable: there is much we can do to reduce these unfair differences and provide opportunities for people to live healthy lives. Decision makers at national, regional and local levels can create policies – from improving access to affordable, decent housing to lowering local levels of congestion – giving people better opportunities to influence their own health, as well as supporting that of their families.

Despite growing understanding and evidence about the policies and actions that could help reduce health inequalities, the health gap between wealthy and deprived areas has been growing in the UK. A landmark 2020 report, *Health Equity in England*, explored progress (and decline) since 2010 in five key policy areas for reducing health inequalities across people's lives.³⁸ Progress has stalled in many areas.

These four underpinning principles can help refocus efforts to reduce health inequalities.³⁹

- **Consider and evaluate impact** – just as all sectors influence health, their actions can have differential impacts on the health of different groups. As we make the case that health is the responsibility of all of society, we must all mitigate potential differential impacts that could lead to or exacerbate health inequalities.
- **Take action across the life course** – disadvantage can accumulate throughout people’s lives. Action is needed at all stages of people’s lives to help prevent this accumulation, to break the vicious cycles that harm health.
- **Focus on proportionate universalism** – because social and economic gradients in health exist across society, focusing solely on the most disadvantaged would only tackle part of the problem. Action needs to be universal, for the benefit of everyone, but to reduce inequalities, this action also needs to be proportionate to the level of disadvantage. Proportionate universalism enables us to both improve the health of the population and reduce health inequalities.

- **Work in partnership across sectors and with local communities** – to understand the experience and needs of different groups and plan action across the complex range of determinants to build healthier communities.

Who can influence
the building blocks
of health?

6

As this guide has set out, the building blocks of health are broad and encompass many aspects of our lives, underpinning our opportunities to live in good health.

Improving the state of these building blocks is an effective way to influence the health and wellbeing of an entire population – and much better than waiting for people to become ill and treating them as patients, one person at a time.

It is also more equitable than solely focusing on individuals' behaviours, given that we don't all have the same opportunities to live a healthy life.²⁵

There is no single idea or policy that will improve the health of the UK population or vastly reduce inequalities. Responsibility for these building blocks sits across government departments, so improving health requires action to be taken by the whole of government.⁴⁰ And because they are so closely interlinked, action must be coordinated across government.⁴¹

Local⁴² and regional⁴³ authorities also have an essential role in strengthening the building blocks of health in the local places we live, work and play, ensuring everyone has the opportunity to live healthy lives.

But the necessary action goes wider than governments. Employers must ensure their practices and working conditions support the health of all their workers and enable people out of work to regain employment.⁴⁴ The voluntary and community sector also play a crucial part. All members of society can acknowledge the health impact of their actions.

If this happens, we could see improvements in people's health and a reduction in the health inequalities that exist between different groups in society.

Efforts to strengthen the building blocks of health are already taking place across a range of sectors. Effective approaches involve working in partnership and with communities to implement actions that help everyone to live healthy lives. It's a priority to help those most in need. We must incorporate health and wellbeing into all policy decisions, reaching far beyond the Department of Health and Social Care, to protect people's health and help to build environments that create health and wellbeing.

Change is never easy, especially in evolving political and financial contexts. Often, decisions involve difficult trade-offs. Sometimes, the benefits of action taken in one sector are reaped by another.

Nevertheless, organisations are finding ways to come together to build healthier places and communities. Such efforts must continue.

What can I do to make a difference?

It can be hard to know where to start, but even small changes can influence understanding, policy and action to improve health. Reflecting on the building blocks of health that we have outlined in this guide, do you think the last decision you took, or the next one you take, might:

- have an impact on one or more of these building blocks?
- have an impact on people's health and wellbeing?
- increase or decrease health inequalities?

If so, we ask you to consider:

- how, in the work you're already doing, you could more explicitly address health and wellbeing
- approaching others to discuss joint initiatives in new areas where both parties benefit
- talking to your local public health team or a public health expert to find out more about what you can do
- using the facts and figures in this guide in your presentations, reports or funding bids
- engaging others about the part they already play in improving people's health.

Box 3: How to talk about the building blocks of health

We can all contribute to building better understanding of the action that is needed.

As we explained at the start of this guide, people tend to think about health in individualistic and medicalised ways. If we want to change how people perceive health inequalities and improve understanding of the wider factors that shape our health – and build support for the changes that are needed – we need to communicate in effective ways.

Five practical tips to have better discussions about health are:

- be clear why action is needed: lives are being cut short
- explain that a thriving society needs all the right building blocks of health in place
- provide examples and explain how the building blocks impact people's health
- show that we can make a difference: talk about specific, concrete solutions
- talk about the whole system that supports health – the NHS was never meant to go it alone.

For more information, see our communications toolkit at: www.health.org.uk/publications/how-to-talk-about-the-building-blocks-of-health

References

1. Day C. *The Beveridge Report and the foundations of the Welfare State*. 2017. Available from: <https://blog.nationalarchives.gov.uk/beveridge-report-foundations-welfare-state>
2. Office for Health Improvement and Disparities. *Wider Determinants of Health*. Available from: <https://fingertips.phe.org.uk/profile/wider-determinants>
3. Health Foundation and Frameworks UK. *How to talk about the building blocks of health*. Health Foundation; 2022. Available from: www.health.org.uk/publications/how-to-talk-about-the-building-blocks-of-health
4. Elwell-Sutton T, Marshall L, Bibby J. *Reframing the conversation on the social determinants of health*. Health Foundation; 2019. Available from: www.health.org.uk/publications/reports/reframing-the-conversation-on-the-social-determinants-of-health
5. Raymond A, Watt T, Douglas HR, Head A, Kypridemos C, Rachet-Jacquet L. *Health inequalities 2040: current and projected patterns of illness by level of deprivation in England*. Health Foundation; 2024. Available from: www.health.org.uk/publications/health-inequalities-in-2040
6. Office for National Statistics. UK Measures of National Wellbeing user guide. 2024. Available from: www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/methodologies/ukmeasuresofnationalwellbeinguserguide
7. What Works Wellbeing. Available from: <https://whatworkswellbeing.org>
8. Health Foundation. *Social and Economic Value of Health*. Available from: www.health.org.uk/what-we-do/a-healthier-uk-population/health-as-an-asset
9. Marshall L, Finch D, Cairncross L, Bibby J. *The nation's health as an asset: Building the evidence on the social and economic value of health*. Health Foundation; 2018. Available from: www.health.org.uk/publications/the-nations-health-as-an-asset
10. Health Foundation. *Evidence hub: What drives health inequalities?* Family, friends and community. Available from: www.health.org.uk/evidence-hub/ffc

11. Haldane AG with Rebolledo I. *Health is wealth: Strengthening the UK's immune system*. Health Foundation; 2022. Available from: www.health.org.uk/publications/reports/health-is-wealth
12. Yamey G et al. *Investing in health: the economic case*. World Innovation Summit for Health; 2016. Available from: <https://wish.org.qa/reports/investing-in-health-the-economic-case>
13. Case A, Fertig A, Paxson C. The lasting impact of childhood health and circumstance. *Journal of Health Economics*. 2005;24(2):365–89.
14. Stafford M et al. Physical and cognitive capability in mid-adulthood as determinants of retirement and extended working life in a British cohort study. *Scand J Work Environ Health*. 2017;43(1):15–23.
15. Rice NE et al. Common health predictors of early retirement: findings from the English Longitudinal Study of Ageing. *Age and Ageing*. 2011;40(1):54–61.
16. Evans IEM et al. Social isolation and cognitive function in later life: a systematic review and meta-analysis. *J Alzheimer's Dis*. 2019;70(s1):S119–S144.
17. Atwell S et al. *What we know about the UK's working-age health challenge*. Health Foundation; 2023. Available from: www.health.org.uk/publications/long-reads/what-we-know-about-the-uk-s-working-age-health-challenge
18. Health Foundation. Health Foundation responds to ONS update on economic inactivity due to long term sickness. 2024. Available from: www.health.org.uk/news-and-comment/news/health-foundation-responds-to-ons-update-on-economic-inactivity-due-to-long-term-sickness
19. Health Foundation. *Inequalities in poverty*. Health Foundation; 2024. Available from: www.health.org.uk/evidence-hub/money-and-resources/poverty/inequalities-in-who-is-in-poverty
20. Health Foundation. *Map of childhood poverty*. Health Foundation; 2023. Available from: www.health.org.uk/evidence-hub/money-and-resources/poverty/map-of-child-poverty
21. UK Parliament. *1942 Beveridge Report*. Available from: www.parliament.uk/about/living-heritage/transformingsociety/livinglearning/coll-9-health1/coll-9-health

22. United Nations. *Universal Declaration of Human Rights*. Available from: www.un.org/en/about-us/universal-declaration-of-human-rights
23. United Nations Human Rights Office of the High Commissioner. *International Covenant on Economic, Social and Cultural Rights*. Available from: www.ohchr.org/en/instruments-mechanisms/instruments/international-covenant-economic-social-and-cultural-rights
24. World Health Organization. *Constitution*. Available from: www.who.int/about/accountability/governance/constitution
25. Sen A. *Commodities and Capabilities*. North-Holland; 1985.
26. Dahlgren G, Whitehead M. The Dahlgren-Whitehead model of health determinants: 30 years on and still chasing rainbows. *Public Health*. 2021;199:20-24. Available from: <https://elevateni.org/app/uploads/2022/03/Dahlgren-Whitehead-model-of-health-determinants-30-years-on-and-still-chasing-rainbows.pdf>
27. Everest G, Marshall L, Fraser C, Briggs A. *Addressing the leading risk factors for ill health*. Health Foundation; 2022. Available from: www.health.org.uk/publications/reports/addressing-the-leading-risk-factors-for-ill-health
28. Hawkey LC. Loneliness and health. *Nature Reviews Disease Primers*. 2022;8:22. Available from: <https://doi.org/10.1038/s41572-022-00355-9>
29. Tinson A. *Living in poverty was bad for your health long before COVID-19*. Health Foundation; 2020. Available from: www.health.org.uk/publications/long-reads/living-in-poverty-was-bad-for-your-health-long-before-COVID-19
30. Joseph Rowntree Foundation. *UK Poverty 2024: The essential guide to understanding poverty in the UK*. Joseph Rowntree Foundation; 2024. Available from: www.jrf.org.uk/uk-poverty-2024-the-essential-guide-to-understanding-poverty-in-the-uk
31. Health Foundation. *Anxiety and problem debt*. Health Foundation; 2023. Available from: www.health.org.uk/evidence-hub/money-and-resources/debt/relationship-between-self-reported-anxiety-level-and-problem-debt

32. Office for National Statistics. *An overview of lifestyles and wider characteristics linked to Healthy Life Expectancy in England*. 2017. Available from: www.ons.gov.uk/releases/investigatinglifestyleandriskfactorstounderstandthedifferencesinhealthylifeexpectancyinengland
33. Health Foundation. *Health benefits of active travel: preventable early deaths*. Health Foundation; 2021. Available from: www.health.org.uk/evidence-hub/transport/active-travel/health-benefits-of-active-travel-preventable-early-deaths
34. Department for Transport. *Reported road casualties Great Britain: Casualties and deprivation*. 2023. Available from: www.gov.uk/government/statistics/reported-road-casualties-great-britain-casualties-and-deprivation-factsheet-england/reported-road-casualties-great-britain-casualties-and-deprivation
35. Gray NR, Lewis AC, Moller SJ. Deprivation based inequality in NOx emissions in England. *Environmental Science: Advances*. 2023;9. Available from: <https://pubs.rsc.org/en/content/articlelanding/2023/val/d3va00054k>
36. The Food Foundation. *The Broken Plate 2023*. 2023. Available from: <https://foodfoundation.org.uk/publication/broken-plate-2023>
37. Health Foundation. *Life expectancy and healthy life expectancy at birth by deprivation*. Health Foundation; 2022. Available from: www.health.org.uk/evidence-hub/health-inequalities/life-expectancy-and-healthy-life-expectancy-at-birth-by-deprivation
38. Marmot M et al. *Health Equity in England: The Marmot Review 10 Years On*. Health Foundation; 2020. Available from: www.health.org.uk/publications/reports/the-marmot-review-10-years-on
39. Public Health England and UCL Institute of Health Equity. *Tackling health inequalities through action on the social determinants of health: lessons from experience*. Health Equity Briefing 10: 2014. Available from: https://assets.publishing.service.gov.uk/media/5a7dcac5ed915d2acb6ee2a6/Briefing10_Lessons_from_experience_health_inequalities.pdf
40. Health Foundation. *The whole-government approach to health explained*. 2024. Available from: www.health.org.uk/a-whole-government-approach-to-health
41. Health Foundation. *A Bill of Health*. Available from: www.health.org.uk/a-bill-of-health
42. Health Foundation. *Local government's role in building a healthy society*. Available from: www.health.org.uk/local-government-s-role-in-building-a-healthy-society

43. Health Foundation. Improving health and reducing inequalities: The Combined Authorities Programme. Available from: www.health.org.uk/funding-and-partnerships/programmes/improving-health-and-reducing-inequalities-combined-authorities-programme
44. Health Foundation. Commission for Healthier Working Lives. Available from: www.health.org.uk/commission-for-healthier-working-lives

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1. Improving people's health and reducing inequalities
2. Supporting radical innovation and improvement in health and care services
3. Providing evidence and analysis to improve health and care policy

We'll achieve this by producing research and analysis, shaping policy and practice, building skills, knowledge and capacity, and acting as a catalyst for change.

Everyone has a stake and a part to play in improving our health. By working together, we can build a healthier UK.

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