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**ABSTRACT** In 1999–2000, a pilot study was conducted to assess the feasibility of using local historical archives and oral histories to map historical factors that may be important in understanding contemporary variations in health. Focusing on housing clearances in the 1950s, 1960s and 1970s, the pilot study drew on a wide range of materials (documentary and oral) to explore how changes to local housing impacted upon the local social and psychological landscape. This research note considers methodological issues relevant to the use of documentary and oral history resources and illustrates the value of the historical resources we identified. We suggest that, on the basis of this pilot research, future explorations of the link between places and inequalities in health should incorporate an historical analysis.

**KEY WORDS:** health inequalities / historical research methods / housing / social capital

### **Introduction – Conceptualizing and Measuring the Health Impact of ‘Place’**

There is now a considerable body of evidence pointing to the direct and indirect links between unequal social and material circumstances and health inequalities (see for example, Marmot and Wilkinson, 1999; Graham, 2000). However, there is also evidence of differences in the health outcomes of people who, on the face of it, have similar levels of material deprivation but live in different places (Graham, 2000). It appears that some ‘places’ have an impact

on people’s health experiences above and beyond the impact of those factors traditionally used to measure material deprivation. Within research on inequalities in health, there is considerable interest in methods that allow for the separate measurement of possible causal factors associated with people living in particular places (such as social class, ethnicity and gender – known as ‘compositional effects’) from factors associated with places themselves (known as ‘contextual or area effects’). However, there is a need for greater sophistication in the way that these ‘area’ effects

are conceptualized and measured in order to identify what it is that makes the health impact of places unique.

Until relatively recently, 'place' has rarely featured in health inequalities research, except as 'the canvas on which events happen' (Jones and Moon, 1993: 515). In the early 1990s a literature review by MacIntyre and colleagues (1993) identified two ways in which place was being used in health inequalities research. First, there were studies that focused on the physical environment and the genesis of diseases. Second, there were studies that used area population data to explore the impact of deprivation on health. Since MacIntyre and colleagues conducted their literature review, place has been a more regular feature on inequalities research agendas. However, a large proportion of the research has focused on area population data and the development of ever more complex modelling techniques to separate out contextual from compositional factors. While advancing statistical techniques, these models have been a source of some debate (see for example, Gatrell et al., 2000). Researchers are now attempting to incorporate better and more diverse measures of contextual factors, such as the degree of rurality, and measures of social relationships within places. Some research has also begun to explore the links between levels of vandalism and crime, access to recreational facilities, transport and other 'opportunity structures' and differential health outcomes between places (MacIntyre et al., 1993; MacIntyre, 1997). In attempting to unravel the complex relationship between people, places and health outcomes, and in particular the mechanisms through which people negotiate and mediate the health-damaging effects of their neighbourhoods, a considerable proportion of recent work, including some of the research described earlier, has focused on the concept of social capital (Cooper et al., 1999; Putnam, 1993). Although this term is plagued by definitional vagaries,

for the purpose of this article, we are referring to the 'resources' that flow from the networks, formal and informal, in which people are engaged. One reason why the amount and nature of social capital present in localities has become the focus of research interest in relation to health inequalities is its emphasis on the imbalances in power that ensue from the erosion of social capital. It is argued that high levels of social

capital enable people to establish links to social systems and institutions, thereby facilitating access to health and welfare resources. Conversely, it is suggested, low levels of social capital can lead to dis- engagement and a lack of social cohesion (which is linked to reduced trust), fac- tors that have been shown to be linked to poor health outcomes (Baum, 1999; Baum, 2000; Popay, 2000).

Research around the issue of social capital has helped to focus attention on the relationship between place and health and particularly the role of the 'social' in the genesis of geographical inequalities in health experiences, but sig- nificant challenges remain. In particular, as Popay et al. (1998) have argued, research seeking to understand the contribution of particular places to health inequalities must both conceptualize places as social phenomena with histories, and consider the ways in which the meanings people give to places and the social relationships that develop within them have emerged over time.

Research on health inequalities that has incorporated an historical focus has been limited but important. This research has highlighted, for example, how differences in the industrial/economic and cultural histories (including for example, differences in public housing initiatives in the past) can help to explain contemporary patterns of morbidity and mortality in particular areas (Barker and Osmond, 1987; Phillimore, 1993; Phillimore and Morris, 1991). However, such isolated examples of research taking an historical perspective are not adequate. Rather, we would argue that sociological accounts of the development and reproduction of health inequalities in places should, as a matter of course, incorporate an historical context. In seeking to understand the complexities, uncertainties and apparent contradictions of local people's accounts of 'place' in relation to other 'measures' of area characteristics, we need to look beyond the moment of the research and focus 'upstream' on the historical roots of con- temporary relationships. As a modest contribution to this project we have recently begun to explore how future research might begin to gain, in the words of C. Wright Mills (1959: 145), 'an historical scope of conception and a full use of historical materials' and regard the historical as intrinsic to understanding and 'not merely general background' (1959: 150). We now outline exploratory research conducted in a locality of Salford in the northwest of

England that used historical resources to explore how social relationships between populations and local institutions were shaped by key events in one aspect of the area's recent past, namely its housing history. This research note discusses the nature and status of the different types of data we used, issues around memory and bias in historical evidence and illustrates the challenges (and benefits) of drawing together diverse accounts and perspectives on historical events.

## **The Study Rationale**

The pilot study was linked to a larger study of health and place in four localities with contrasting socio-economic characteristics in two cities in the north-west of England<sup>1</sup> (Gatrell et al., 2000; Gatrell et al., 2001; Popay et al., 2002a; Popay et al., 2002b). It was based in and around one of two relatively disadvantaged localities. It aimed to explore the feasibility of collecting historical data and then to consider how this data could enhance our understanding of the meanings local people attach to particular places and the social relationships within particular places.

The fieldwork was conducted in 1999–2000 and had two strands. First, we identified potentially relevant local archives with material on people's experiences of living in particular places, or their experiences of health, and documents relating to socio-economic changes. Second, we used archives and newly collected oral histories to explore a bounded topic in order to assess the contribution that this approach could make to the larger study of health inequalities we were engaged in. This discussion relates to the second of these two strands of work.

Housing was selected as the topic for exploration for a number of reasons. First, the inner-city area being studied had undergone a series of major physical changes within living memory ('slum' clearances in the post-war period followed by demolition of high-rises during the 1980s and 1990s). It was now in the throes of a third wave of regeneration. We were interested in exploring whether local housing history had had a long-term impact on the social and psychological landscape and we wanted to understand how 'popular memories' (Johnson and Dawson, 1998) of events in the relatively recent past might inform the perspectives of people living there today. As

already noted, we are not concerned here to report substantive findings from this research. Rather we wish to highlight some of the methodological issues that this work has uncovered.

### **Methodological Issues in Historical Research**

Historians have numerous sources of data available to them but, as in most academic disciplines, there exists a hierarchy of evidence that is a source of contention and debate (Lummis, 1998). Traditionally great store has been set by 'authenticated' documentary evidence in the form of official records, reports, newspapers and so forth. Much lower down the hierarchy of evidence are auto-biographical accounts and oral histories (Thompson, 1988). The strengths and weaknesses of forms of evidence were not the particular concern of the research. Suffice to say that our perspective is that particular forms of evidence are of different value depending on the question one is asking. In our case, we

were interested in establishing an outline chronology of events as part of the preparation for oral history work (Grele, 1998). For this reason, various forms of documentary evidence have been used, as outlined later. However, as our primary purpose was not simply to describe events but to gain some insight into the meaning people attached to those events, we also conducted a series of oral history interviews. Oral history offers the potential to look behind the 'public representations'<sup>2</sup> of a particular time and seek out 'private memories', which include everyday talk, comparisons and narratives (Johnson and Dawson, 1998).

While an oral history interview is acknowledged to be partial, variable and in some ways artificial (Thompson, 1988), it nevertheless offers a unique opportunity to hear people's memories about their past and its impact on their present. In other words, it offers an opportunity to explore what people *did*, what they *thought* at the time, what they *wanted* to do and what they *think* about it now. This approach acknowledges the dynamic nature of people's memories and experiences as they weave together past and present.

In the sections that follow, we describe the documentary materials we identified and the

process of conducting the oral history interviews. The power of the data is illustrated with references to substantive issues identified in the analysis.

### **Types of Historical Data Relevant to Research on Health Inequalities**

**Documentary Evidence** The research began with a review of materials held in the local library archives, other historical collections and by local community projects. The key documentary materials identified in this work were: newspaper archives; local authority archives; contemporaneous literatures (e.g. academic texts and 'grey literature' from local organizations); autobiographical literatures; and research literatures (more recent analyses). Local archives revealed a wealth of resources that the research team used to build a chronology of events and a sense of local and national context for the work. For example, we were able to explore the national state of public housing and compare this with local conditions. The strength of the documentary resources was in generating a 'factual' framework but there were also some clues as to the 'mood' of the era, the saliency of housing to local people and the various perspectives that needed to be explored during the oral history phase of the study. For example, housing issues are front-page, headline news almost every week in 1967 in the local newspaper. Some specific topics we identified as important for additional exploration were rents, property quality, pace of new build and problems of deferred demolition property. While we found that autobiographical accounts added some depth to the

reports in papers and other materials, in this instance people in relative positions of power and influence wrote these texts. Given our interest in exploring the potential mechanisms through which social capital is eroded or maintained, we needed to ensure a more balanced set of perspectives. The main avenue for this was the oral history interviews.

### **Oral History Interviews**

While we were conscious of the need to explore the 'lay' perspective by speaking to people who had been rehoused during the period of our historical investigation, we also wanted to engage with other people involved in the housing process. In doing so, we

hoped to gain some insight into the 'private memories' of people who were part of the 'bureaucracy' and those who were not.

We interviewed 12 people who had had various roles and responsibilities within the study locality during the last 50 years. People were identified and asked to take part in the research using a snowballing technique. The interviews were unstructured and lasted between 45 minutes and 1.5 hours. They were tape-recorded, partially transcribed and analysed using an indexing technique (Spencer and Ritchie, 1994). The 12 interviewees can be broadly categorized as follows: six local residents (five female and one male); one local councillor (male); one former housing officer (male); two former senior council officers (male); and two former members of parliament (male).<sup>3</sup>

While an unstructured approach was used in the interviews, people were guided with prompts. The prompts related to particular events or issues that we had identified in the documentary review. While this will have imposed some boundaries on people's accounts, the historical methods literature (and other psychological literatures) on recall point to the considerable utility of adding particular memory anchors in order to get beneath 'public representations' of an era (Bornat, 1998; Johnson and Dawson, 1998; Pearson et al., 1992). There is evidence to show that without specific anchors (e.g. times or places) people tend to forget important details about their personal experiences and their memories are then more likely to be influenced by other 'public' accounts such as those in newspaper articles. The accounts given by the interviewees reflected their different back- grounds as a housing officer, or an MP, or a resident,<sup>4</sup> as well as their different expectations and interpretations of the purpose of the research. As one might expect, the interviews with 'local residents' were largely about memories of being rehoused and of living in the housing that replaced the terraces. Key themes were perceptions of choice and involvement in local housing plans, the intelligibility of council policy on rehousing, and 'theories' about why the new housing was (and continues to be) plagued with problems. Interviews with people who had had a role in local bureaucracy tended to focus on procedures and policies for rehousing and the outcomes of decisions. Key issues were perceptions of local people, sources of conflict between planners and housing officers, mistakes in housing strategy and 'theories'

about the long-term consequences of poor management of rehousing processes and housing stock. Our interviewees brought diverse knowledge and experience to the research because of their different roles in the local community. This diversity made the analysis and synthesis of the data challenging but there are two key benefits to this approach. First, given the different standpoints of the interviewees, areas of convergence suggest a strong theme for future in-depth historical research. For example, in talking about the process of notifying people of slum clearance orders, there was a consensus across all the interviewees that information and consultation processes were poor. Housing officers and local residents gave insightful accounts of the reasons for the lack of consultation and its impact, not only on local housing plans but on future relationships between various local agencies and people. The long-term consequences of the atmosphere of mistrust and uncertainty that the interviewees linked to inadequate consultation is a topic for more detailed scrutiny.

Poor management of stock was another important theme across the interviews. The landlord-tenant relationship was placed under considerable strain in Salford. With almost 50 percent of stock across the borough being council-owned at one point (100% in some localities), any failures in the system would touch almost everyone in the population. The interviewees described how a sense of isolation developed among new tenants, largely because of the slowness of juridical processes and the powerlessness of public landlords to act against anti-social tenants. This issue was linked to an increasing mistrust of local agencies and government structures. In terms of our interest in the patterning of social capital, the descriptions of increasing distance between people and bureaucracy is a key theme.

The second advantage of a diverse sample is that it allows 'special' knowledge and experience to be drawn into the data set to illuminate issues raised but not described in detail in other historical records. For example, 'bad management decisions' was a prominent theme developed by the interviewees who we had contacted because of their work-role in the locality. In particular, there was an in-depth discussion of the policy of deferred demolition (a process whereby an area was designated for demolition but was not cleared for anything up to ten years because of funding shortages). In our analysis



of documentary evidence the problems arising from deferred demolition were frequently mentioned and were therefore noted as a topic for exploration. The advantage of having 'specialist' knowledge in the oral history accounts was that the factual reports of events and policies could be explored in more depth and supplemented with a personal narrative in which the interviewees reflected upon their perspective during the time period in question and their perspective now. The time and relative distance of the events were key to the type of account that the interviewees with 'special knowledge' gave, even though the confidentiality of the accounts was guaranteed. All the interviewees suggested that 'mistakes' they now see in the management of housing in the past have had long reaching effects.

In summary, the examples above demonstrate the value of the oral history accounts in three ways. First, they give some depth to the factual policy details on housing during the era that were garnered from documentary sources. Second, they introduce some personal meanings to the data set. Third, our data reinforce the claim of some historians that oral history allows one to see the dynamic nature of history and memories of the past. People are able to reflect upon the changes in their own perspective over time. This capability is important to the project of historically rooting contemporary meanings attached to places. There are some challenges involved in unravelling the influence of the present from people's memories of the past and a thoughtful interviewing and analysis strategy is important. Nevertheless, with the help of local people, or people 'who know', we can begin to explore how and why things are as they are.

In this research note we have argued that in order to explore and understand the genesis and reproduction of health inequalities in particular places research needs to incorporate an historical dimension. Using historical pilot research on housing, we have discussed some methodological issues concerning the nature of different sources of historical evidence and the different understandings that documentary and oral testimonies can provide.

The pilot research mapped a wealth of historical resources that are largely untapped in contemporary social research. In other places, historical data archives may not be as

accessible or as plentiful, but in explorations of people's experiences of events in the relatively recent past (which is potentially a fruitful area of investigation to inform policy development) oral history interviews can be used to generate new resources. The methodological challenge is to find ways of addressing the limitations of the different forms of historical evidence which have been outlined here, such as the power/status issues around perspectives likely to be found in documentary evidence or the interweaving of past and present perspectives in oral history interviews. There is then the issue of integrating historical analyses into contemporary social research data sets. Despite these challenges, we suggest that future research on health inequalities needs to draw on existing archives and on people's memories in order to build in an historical context for local people's experiences. Without this context an understanding of the dynamic nature of the places in which we live will remain out of reach both for researchers and policy makers.

- . 1 Understanding Health Inequalities: The Interaction Between People, Place and Time. ESRC Award Reference L128251020.
- . 2 The memories recorded in documents, newspapers and other accounts are acknowledged to be shot through with the power and pervasiveness of dominant institutions (Johnson and Dawson, 1998).
- . 3 It is interesting to note the gender divisions in the study sample. Female interviewees are represented only in the 'residents' category. All the other categories (MP, council officer, etc.) are exclusively male.
- . 4 Some interviewees had multiple roles and perspectives to bring.

## References

Barker, D.J.P. and C. Osmond (1987) 'Inequalities in Health in Britain: Specific Explanations in Three Lancashire Towns', *British Medical Journal* 294: 749–52.

Baum, F. (1999) 'Social Capital: Is it Good for Your Health? Issues for a Public Health

Agenda', *Journal of Epidemiology and Community Health* 53: 409–10.

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Baum, F. (2000) 'Social Capital, Economic Capital and Power: Further Issues for a Public Health Agenda', *Journal of Epidemiology and Community Health* 54: 195–6.

Bornat, J. (1998) 'Oral History as a Social Movement', *Oral History* 17: 16–20. Cooper, H., S. Arber, L. Fee and J. Ginn (1999) *The Influence of Social Support and*

*Social Capital on Health*. London: HEA. Gatrell, A., D. Berridge, C. Thomas, J. Popay, G. Williams, S. Bennett and L.

Bostock (2001) 'Local Geographies of Health Inequalities', in P. Boyle et al.

(eds) *The Geography of Health Inequalities*. London: Ashgate Press. Gatrell, A., C. Thomas, S. Bennett, L. Bostock, J. Popay, G. Williams and S. Shahtahmasebi (2000) 'Understanding Health Inequalities: Locating People in Geographical and Social Spaces', in H. Graham (ed.) *Understanding Health*

*Inequalities*. Buckingham: Open University Press. Graham, H. (2000) *Understanding Health Inequalities*. Buckingham: Open University Press.

Grele, R.J. (1998) 'Movement Without Aim: Methodological and Theoretical Problems in Oral History', in R. Perks and A. Thomson (eds) *The Oral History Reader*. London: Routledge.

Johnson, R. and G. Dawson (1998) 'Popular Memory: Theory, Politics, Method', in R. Perks and A. Thomson (eds) *The Oral History Reader*. London: Routledge.

Jones, K. and G. Moon (1993) 'Medical Geography: Taking Space Seriously', *Progress in Human Geography* 17: 515–24. Lummis, T. (1998) 'Structure and Validity in Oral Evidence', in R. Perks and A. Thomson (eds) *The Oral History Reader*. London: Routledge.

- MacIntyre, S. (1997) 'The Black Report and Beyond: What Are the Issues?', *Social Science and Medicine* 44(6): 723–45.
- MacIntyre, S., S. Mclver and A. Sooman (1993) 'Area Class and Health: Should We be Focusing on Places or People?', *Journal of Social Policy* 22: 213–34.
- Marmot, M. and R.G. Wilkinson (1999) *Social Determinants of Health*. Oxford: Oxford University Press. Mills, C.W. (1959) *The Sociological Imagination*. Oxford: Oxford University Press.
- Pearson, R.W., M. Ross and R.M. Dawes (1992) 'Personal Recall and the Limits of Retrospective Questions', in J. Tanur (ed.) *Questions About Questions: Enquiries into the Cognitive Bases of Surveys*. New York: Russell Sage Foundation.
- Phillimore, P. (1993) 'How do Places Shape Health? Rethinking Locality and Lifestyle in North East England', in S. Platt, H. Thomas, S. Scott and G. Williams (eds) *Locating Health: Sociological And Historical Explorations*. Aldershot: Avebury.
- Phillimore, P. and D. Morris (1991) 'Discrepant Legacies: Premature Mortality in Two Industrial Towns', *Social Science and Medicine* 33(2): 139–52.
- Popay, J. (2000) 'Social Capital: The Role of Narrative and Historical Research', *Journal of Epidemiology and Community Health* 54: 401.
- Popay, J., S. Bennett, C. Thomas, G. Williams, A. Gatrell and L. Bostock (2002a) 'Beyond "Beer, Fags, Eggs and Chips"? Exploring Lay Understandings of Social Inequalities in Health', *Sociology of Health and Illness* 25(1): 1–23.
- Popay, J., C. Thomas, G. Williams, S. Bennett, A. Gatrell and L. Bostock (2002b) 'A Proper Place to Live: Health Inequalities, Agency and the Normative Dimensions of Space', *Social Science and Medicine* 57(1): 55–69.
- Popay, J., G. Williams, C. Thomas and A. Gatrell (1998) 'Theorising Inequalities in Health: The Place of Lay Knowledge', in M. Bartley, D. Blane and G. Davey-Smith (eds) *The Sociology of Health Inequalities*. London; Blackwell.

Putnam, R.D. (1993) *Making Democracy Work. Civic Traditions in Modern Italy*. Princeton, NJ: Princeton University Press.

Thompson, P. (1988) *The Voice of the Past: Oral History*. Oxford: Oxford University Press.

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