Healthy Living Centers

David Sharp

Writing late in April for September publication is especially tricky for your UK quarterly columnist. Here, a fierce debate was just beginning about the financing of the nation's health services. In his April budget, the Chancellor of the Exchequer in the New Labour Blair administration announced tax increases, via employee and employer national insurance contributions, to pay for a substantial increase in money for the National Health Service (NHS), a move that "old" Labour would applaud. Indeed, the Chancellor, Gordon Brown, used the language of the political father of the NHS, Aneurin Bevan, a man firmly of the left. Later in April, the increase was fleshed out a bit—for example, health spending would rise to 9.4% of gross domestic product and the number of doctors would go up by a staggering 45%. However, many observers doubt if throwing cash at the NHS will cure all its ills, and the government knows that it has embarked on a high-risk strategy. Meantime, the Conservative opposition has been looking at the systems of other countries and now dares to question whether health services should be funded out of central taxation alone, the very dogma that Labour has now reset in stone. I will return to this political argument when the dust has settled a bit.

Recognizing that areas of health inequality did exist in Britain, the Labour government (elected in May 1997) launched less than 2 years later something called the Healthy Living Center initiative. This had a £300 million (\$420 million) budget, not from the NHS, but from the National Lottery. Thus, the body supporting opera for the middle classes would now bring healthy living to the masses. Whether lottery cash should be used in this fashion is arguable, but the bigger question for 2002 is whether local health authorities will take on the centers for which the lottery provided the seed corn.

Healthy living centers¹ "promote health in its broadest sense, and target areas and groups that represent the most disadvantaged sectors of the population" (p. 1). The initial target was for one fifth of the population to be covered. The projects supported vary hugely and, surprisingly perhaps, are by no means all urban. The first batch included a center in a town in largely rural Norfolk, based around primary care, but with a community music project; 200 community-based "walking for health" schemes; and assistance with the provision of healthy living activities in a socially disadvantaged part of east London.

People in the United Kingdom with long memories will note resemblances to the 1935 Peckham Health Center experiment. Peckham was (and is) a socioeconomically challenged part of south London. Americans may detect similarities with your country's "senior centers." One London family doctor has been scathingly critical about the Peckham experiment and pretty skeptical about the new centers. Ministerial claims that, by building "self-confidence, self-esteem and self-reliance," the centers would provide "the bed-rock of good health" sounded to Dr. Steve Iliffe² like the social engineering offered by the brochures of a UK private school.

The Peckham experiment did not long survive the arrival of the NHS in 1948, but the idea of community involvement in health lives on.³ The Pioneer Health Center group maintains the Peckham spirit, and its work has contributed to the program of the healthy living centers. I suppose there is a risk that these centers might become subject to an inverse care law,⁴ by which those using them are least in need of the help and vice versa. More interesting, though, will be to see how they fare now that so much money is to be given to the treatment-oriented (as opposed to prevention-oriented) NHS hospitals.

REFERENCES

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