LE GRAND VISION

The essence of Le Grand's argument is that social classes are statistical constructs, self justifying in that the boundaries are juggled to achieve the desired properties, and used to impose an artificial class analysis on essentially continuous data.

course anybody can do a hatchet job on the arbitrarieness of the Registrar General's classification, but that is quite different from denying the existence of social class. In any society there are various indices of deprivation. Their absolute levels are a measure of that society's economic success, their variance is a measure of society's egalitarianism, and their degree intercorrelation is a measure of the extent to which the society is a class society. In Britain they are highly intercorrelated - persons, groups or areas which score badly on one index of deprivation tend strongly to score badly on all the others.

Le Grand has used the Gini coefficient to document the extent of inequality in health. But the purpose of studying inequalities in health is not to document them, but to identify their causes. If, therefore, Le Grand were to take his work forwards he would need to identify the groups who suffered the inequalities he had documented and to identify the cause. Here he would encounter a problem. Because various indices of deprivation intercorrelate, ill health caused by one aspect of deprivation will correlate

with <u>all</u> indices of deprivation. To correct for this he will need a measure of multiple deprivation. At first he will seek a very precise measure, one that correctly balances measures of working conditions, housing conditions, education, income, access to powerful friends, and so on. After all, social deprivation is a multifacetted continuous variable. Having devised such a measure he will encounter a problem. It will be so complex that it will not be possible to use it in routine statistical systems.

A brilliant new idea will then occur to him. Since all these various aspects of deprivation are intercorrelated, why not select just one of them as the measure of multiple deprivation. He might seize upon occupation, as the social scientists have tended to do, or upon income, as the marketing experts do, or upon housing type. Of course any of these measures will misclassify some unusual individuals. A doctor who idealistically lived with her patients in the inner city and refused to draw more than the national average wage will be social class 1 to the Registrar General, social class C to Saatchi and Saatchi, and right at the bottom of the heap to ACORN's housing classification. However the number of such doctors not such as significantly to distort aggregate statistics. The essence of the arbitrary classifications used for statistical definitions of social class is that precision is traded off for utility.

This lack of precision does not diminish the importance of the inequalities demonstrated by using it. On the contrary it enhances them. If we can define a sub group of the population whose health experience is such that 70,000 premature deaths a year would be avoided if the whole population shared that sub group's health experience, then it does not matter what definition was used to create that sub group, the message is the same. Indeed if the definition is imprecise, that would tend to diminish the observed differences, and would therefore suggest that the real differences are greater still.

The sub group of the population who enjoy this health benefit can be characterised by privilege in income, in housing type, in holidays, in life opportunities, in material possessions, in personal autonomy, in education, in access to power. It can also be shown to share certain norms of behaviour. Some of these norms of behaviour are associated with its privileges. Its healthy behavioural norm of making its children play in the garden rather than the street is associated with its privilege of living in houses with gardens. Its healthy behavioural norm of keeping its houses warm is associated with its privilege of having the money to be able to afford to turn the heating up.

It is a reasonable hypothesis that its health benefits are associated with these privileges and these behavioural norms.

No amount of juggling with Gini coefficients to demonstrate that social deprivation is a continuous rather than discontinuous variable will detract from that. There is a continuous gradation from the top to the bottom of a hill, but I can still tell the one from the other. Age is a continuous variable but the old are still older than the young.

The political message which underlies Le Grand's work runs as follows:- social clas is a continuous variable therefore it cannot be precisely defined; if it cannot be precisely defined it does not exist; if social class does not exist deprivation does not exist; if deprivation does not exist we don't need to worry about it. The message is absurd, however sophisticated the computer and however interesting the mathematics.

STEVE WATKINS .

Specialist in Community Medicine Oldham Health Authority.