

Citizens Advice Camden, GOSH

Information Sheet 9: Health Inequalities

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Take home message

- *There are very high levels of inequality in the UK*
- *People lower down the social hierarchy experience worse health and well-being*
- *There are legal and moral obligations on all public bodies to reduce health inequalities*

Inequality and the social gradient in health

- There exist in the UK very high levels of inequality between rich and poor. This is associated with poorer health of all in society. More disadvantaged people tend to have worse health. At the same time, people with serious illness in the family face particular social and financial challenges.
- The GOSH CAB exists in recognition of the necessity to meet the needs of the child in the context of their social circumstances.

Measuring social position

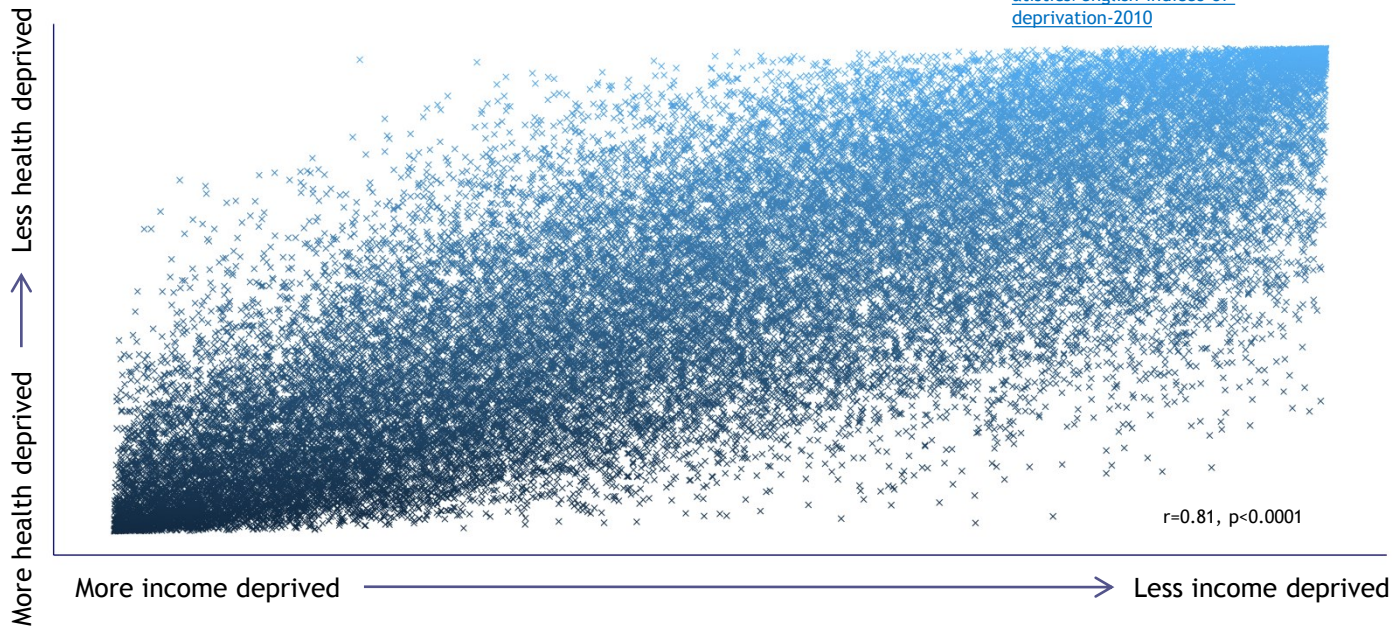
- Socioeconomic position can be measured using a number of different measures. Individual-level measures include income, level of education and occupational skill level. Area-based measures could be rates of unemployment, proportion of social housing and average income.
- A composite measure called the Indices of Multiple Deprivation is sometimes used in the UK which ranks small areas (Lower-layer Super Output Areas [LSOAs]) of the country according to deprivation measured across seven domains.

Measuring health

- The social health gradient is seen in nearly all conditions. Research has found, for example, a gradient in chronic pain, childhood development and achievement, obesity, alcohol-attributed hospital admissions, mental health problems, coronary heart disease, cancer and all-cause mortality.

An example - income deprivation and general health

Data source: IMD 2010
<https://www.gov.uk/government/statistics/english-indices-of-deprivation-2010>



- This graph is illustrative of the problem. Each cross represents one neighbourhood of England (technically, LSOA; n=32,482). They are ordered on the x (horizontal) axis according to income deprivation, measured by the proportion of people getting certain financial support. The areas with the poorest people are on the left-hand side.
- On the y (vertical) axis, they are ordered according to health, measured by a combination of years of potential life lost; a morbidity ratio; the rate of emergency admissions to hospital; and the rate of mood and anxiety disorders. The areas with the least healthy inhabitants are at the bottom.
- The graph shows very clearly that the poorer an area's inhabitants, the worse their overall health. This association is very strong and cannot be attributed to chance.

Why should this be happening?

- There are numerous biological explanations which account for the social gradient in health. These include the effects of chronic stress and adversity on the body, being less able to access health promoting goods (such as fresh fruit and vegetables) and being exposed to more hazardous working environments.

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- It is also thought that there may be epigenetic and biological embedding mechanisms which mean that social adversity of the parents can be inherited by their children.

Does inequality cause poor health or is it the other way around?

- Some argue that poor health actually causes inequality. This is because people who are unhealthy are less able to work or may have a predisposition to being lower down in social hierarchies.
- Whereas it is undoubtedly true in some cases that illness in the family can cause serious financial and social hardship, this does not account for the social gradient in health.
- Pickett and Wilkinson (2015) have recently reviewed the literature on the direction of causation between inequality and poor health. They conclude that inequality causes poor health and not the other way around because (among other reasons):
 - The association is overwhelmingly consistent.
 - Inequality comes before poor health in time.
 - The association and causation are biologically plausible.
 - There are no good alternative explanations.

Legal and moral obligations

- There are legal obligations incumbent on all public actors, including the NHS and Commissioners, to reduce health inequalities.
- Equal access to healthcare is a fundamental human right, protected by a range of international human rights treaties.
- The Equality Act 2010 imposes the Public Sector Equality Duty on all public bodies to have regard to the need to reduce inequalities. This duty is legally enforceable and must be read in accordance with the UK's international human rights commitments.
- Commissioners have legally enforceable duties in the NHS Act 2006 to have regard to the need to reduce health inequalities in terms of access to services and outcomes.
- There is also an obvious moral duty: as Michael Marmot (2010) puts it: 'the fact that in England today people in different social circumstances experience avoidable differences in health is, quite simply, unfair.'

References and resources

- Those interested to learn more or take action to eradicate inequality and poverty in the UK are directed to:
 - Marmot M. Status syndrome: how your social standing directly affects your health. London: Bloomsbury Publishing; 2004.
 - Wilkinson RG, Pickett KE. The spirit level: why equality is better for everyone. London: Penguin; 2010.
 - Marmot M, Allen J, Goldblatt P, et al. Fair society, healthy lives: the Marmot review. London: UCL Institute of Health Equity; 2010.
 - Kubzansky LD, Seeman TE, Glymour MM. Biological pathways linking social conditions and health: plausible mechanisms and emerging puzzles. In: Berkman LF, Kawachi I, Glymour MM, eds. Social Epidemiology. 2nd ed. Oxford: Oxford University Press; 2014.
 - Pickett KE, Wilkinson RG. Income inequality and health: a causal review. *Social Science & Medicine* 2015; 128: 316-26.
 - UCL Institute of Health Equity: www.instituteofhealthequity.org
 - Child Poverty Action Group: www.cpag.org.uk
 - The Equality Trust: www.equalitytrust.org.uk
 - The Trussell Trust: www.trusselltrust.org

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