



## Strategic Review of Health Inequalities in England post-2010

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Figure 1 Life expectancy and disability-free life expectancy (DFLE) at birth, persons by neighbourhood income level, England, 1999–2003

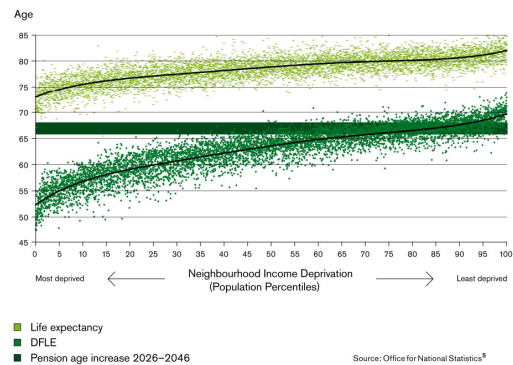
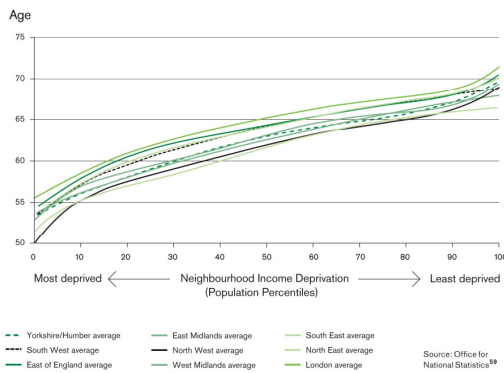


Figure 2.9 Disability-free life expectancy at birth, persons: regional averages at each neighbourhood income level, England, 1999–2003



## Key themes

**Reducing health inequalities is a matter of fairness and social justice**

**Action is needed to tackle the social gradient in health – Proportionate universalism**

**Action on health inequalities requires action across all the social determinants of health**

**Reducing health inequalities is vital for the economy – cost of inaction**

**Beyond economic growth to well-being**



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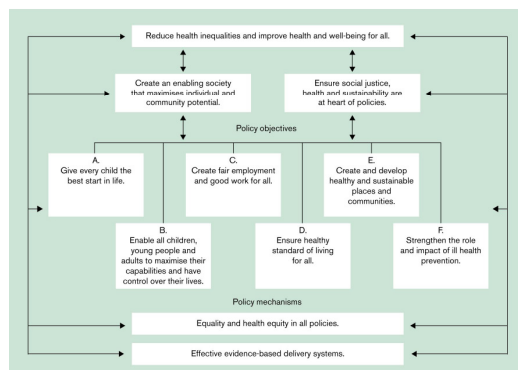
## Cost of Inaction

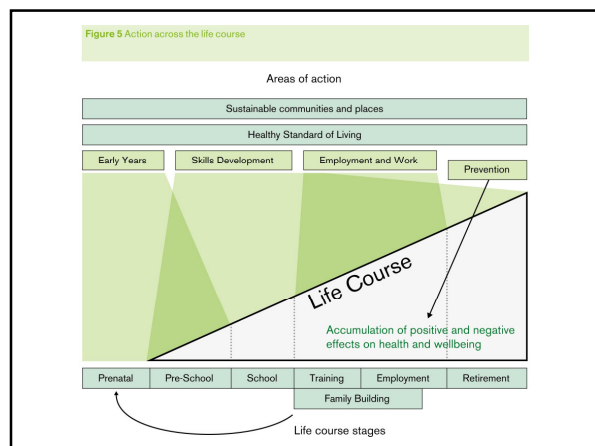
- In England, dying prematurely each year as a result of health inequalities, between 1.3 and 2.5 million extra years of life.
- Cost of doing nothing**
- Action taken to reduce health inequalities will benefit society in many ways. It will have economic benefits in reducing losses from illness associated with health inequalities. Each year in England these account for:
  - productivity losses of £31-33B
  - reduced tax revenue and higher welfare payments of £20-32B and
  - increased treatment costs well in excess of £5B.



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Figure 4 The Conceptual framework





## POLICY OBJECTIVE A

- Give Every Child the Best Start in Life

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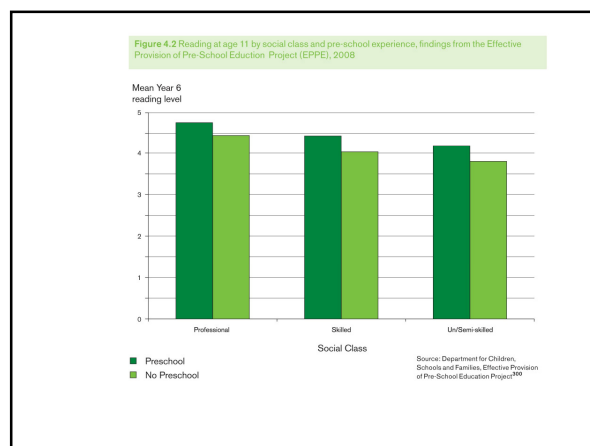
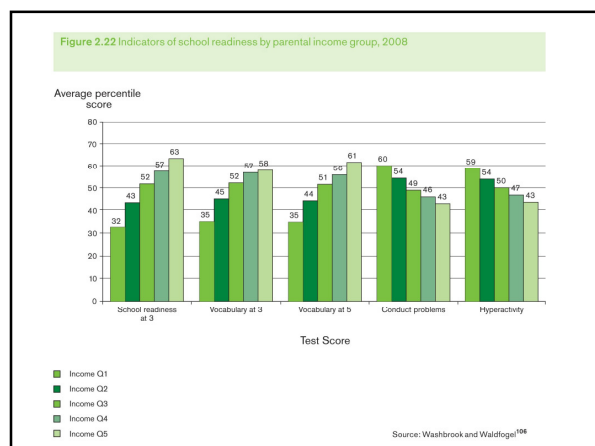
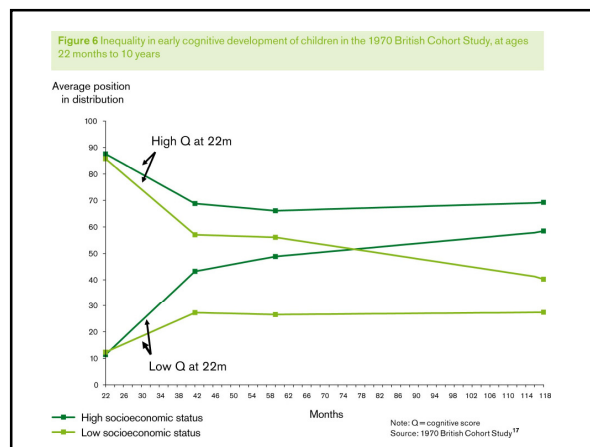
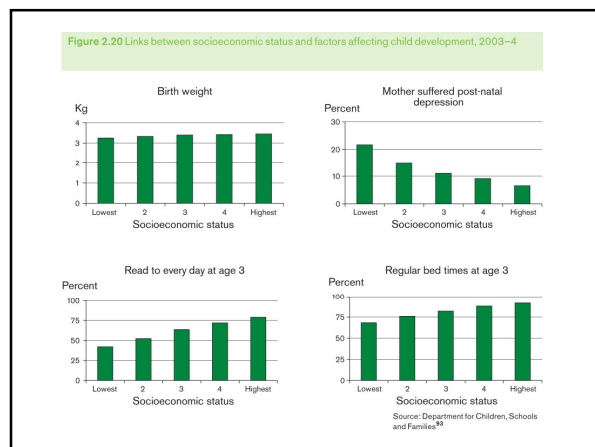
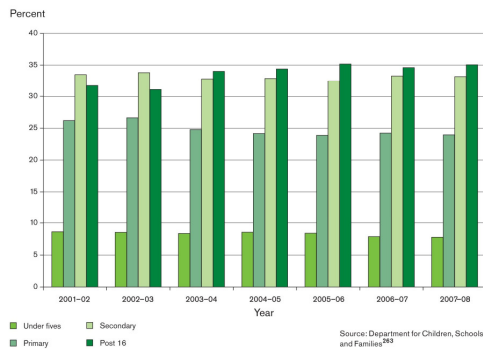


Figure 4.1 Education expenditure by age group, 2001-8



## Policy Objective A

### Recommendations

- Increase proportion of expenditure allocated to early years
- Support families (pre and post natal, parenting, parental leave, transition points)
- Quality early years and outreach



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## POLICY OBJECTIVE B

- Enable all young people, children and adults to maximise their capabilities and take control over their own lives



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Figure 2.12 Rates of poor social/emotional adjustment at ages 7, 11 and 16, by father's social class at birth, 1958 National Child Development Study

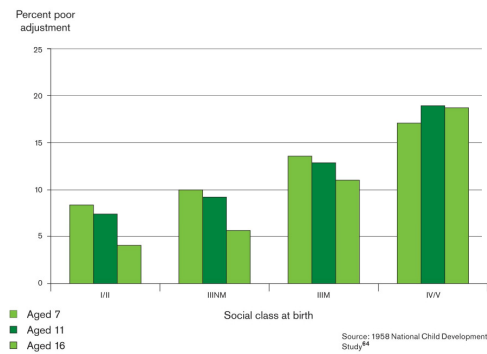


Figure 2.23 Attainment gap from early years to higher education by eligibility for free school meals, 2009

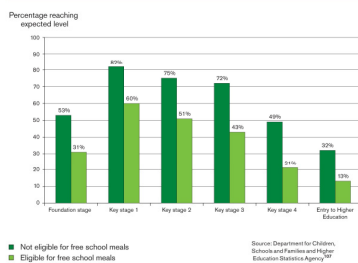
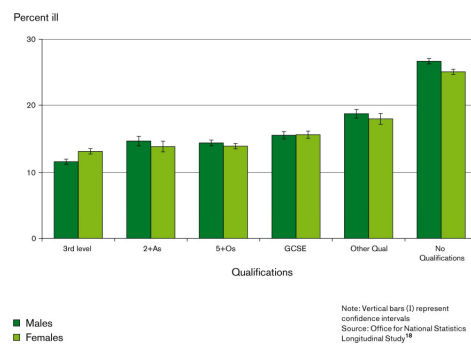


Figure 7 Standardised limiting illness rates in 2001 at ages 16-74, by education level recorded in 2001



## Policy Objective B

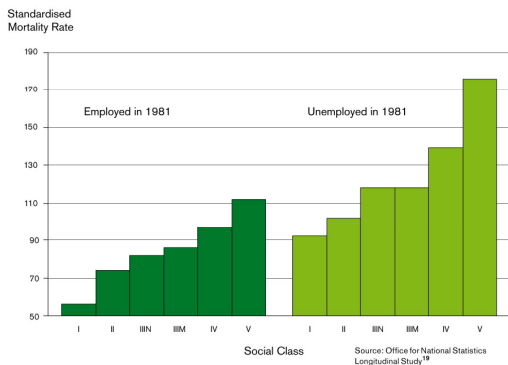
### Recommendations

- Continued priority to reducing inequalities in education outcomes
- Prioritise inequalities in life skills (whole child approach, full service schools, workforce)
- Increase access and use of quality lifelong learning (16-25 yr old support, work based learning, non-vocational courses)

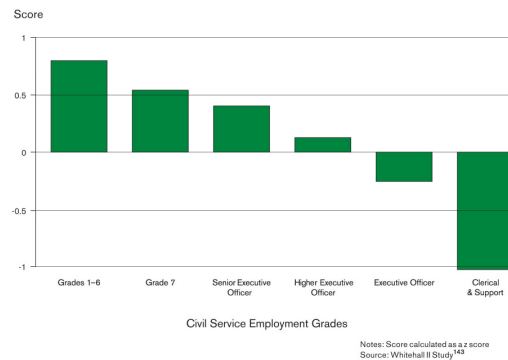
## POLICY OBJECTIVE C

- Create Fair Employment and Good Work for All

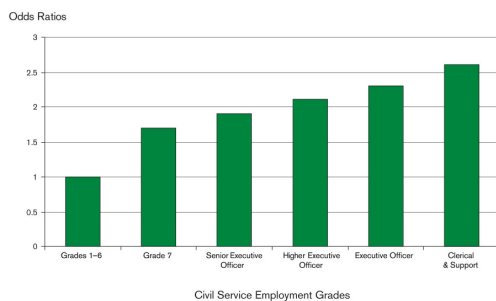
**Figure 9** Mortality of men in England and Wales in 1981–92, by social class and employment status at the 1981 Census



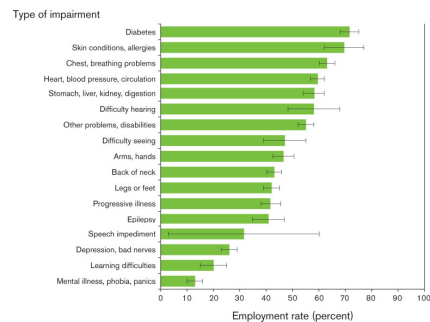
**Figure 2.33** The association of civil service grade with job control, Whitehall II study, 1985–88



**Figure 2.34** The social gradient in the metabolic syndrome, Whitehall II study, 1991–1993



**Figure 2.30** Employment rates among working age adults by type of disability, 2008



## Policy Objective C

### Recommendations

- Prioritise active labour market programmes
- Quality of jobs improved (equality legislation, well being, stress and mental health at work)
- Security and flexibility of employment (retirement and people with poor health and caring responsibilities)

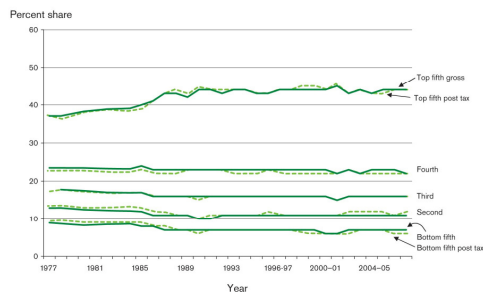


## POLICY OBJECTIVE D

- Ensure Healthy Standard of Living for All

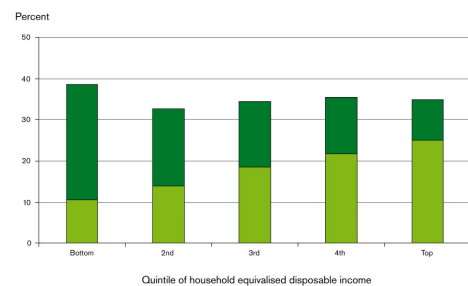


Figure 2.37 Percentage shares of equivalised total gross and post-tax income, by quintile groups for all households, 1978–2007/8



Note: Gross income comprises original income and direct cash benefits (e.g. pensions, child benefit, housing benefit and income support). Post tax income comprises gross income after direct and indirect taxes (e.g. VAT). Source: Office for National Statistics<sup>148</sup>

Figure 9 Taxes as a percentage of gross income, by quintile, 2007/8



Source: Office for National Statistics<sup>29</sup>

## Policy Objective D

### Recommendations

- Minimum Income for healthy living
- Remove cliff edges
- Review taxation and welfare system

## POLICY OBJECTIVE E

- Create and develop healthy and sustainable places and communities

Figure 10 Populations living in areas with, in relative terms, the least favourable environmental conditions, 2001–6

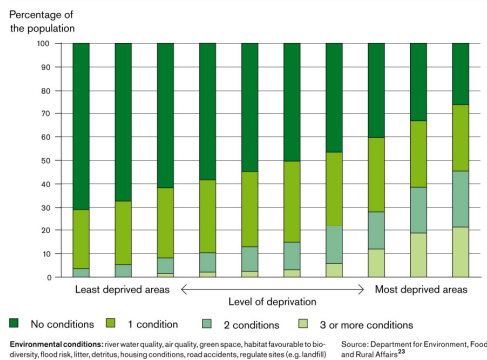


Figure 4.7 Percentage of population by social grade who visit a green space infrequently in a year, 2009

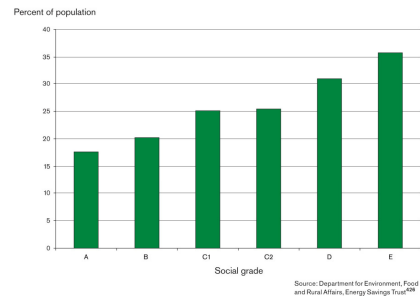


Figure 4.10 Percentage of those lacking social support, by deprivation of residential area, 2005

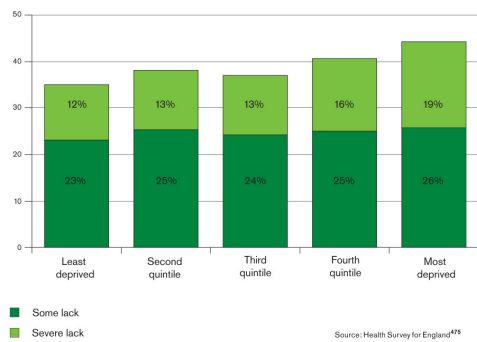
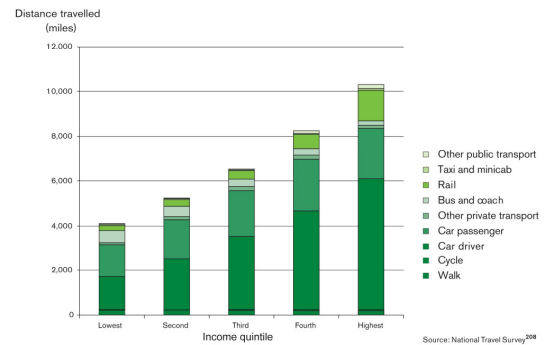


Figure 2.41 Distance travelled per person per year in Great Britain, by household income quintile and mode, 2008



## Policy Objective E

### Recommendations

- Combining policies to mitigate climate change and health (active travel, green space, food environment, energy efficiency)
- Integrate planning, transport, housing environmental and health systems
- Regeneration based on reducing social isolation and remove barriers to action

## POLICY OBJECTIVE F

- Strengthen the Role and Impact of Ill Health Prevention

Figure 2.13 Percentage of (a) males and (b) females smoking, by socioeconomic class (NS-SEC), 2001–7

(a) Males

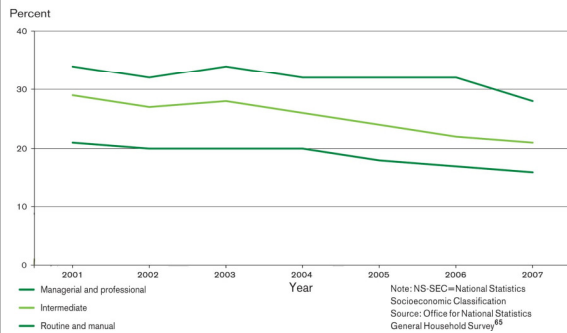


Figure 2.13 Percentage of (a) males and (b) females smoking, by socioeconomic class (NS-SEC), 2001–7

(b) Females

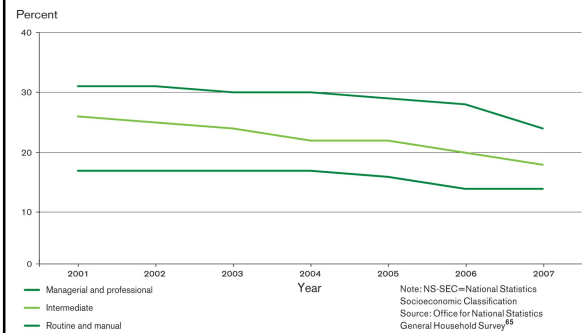


Figure 11 Prevalence of obesity (>95th centile), by region and deprivation quintile, children aged 10–11 years, 2007/8

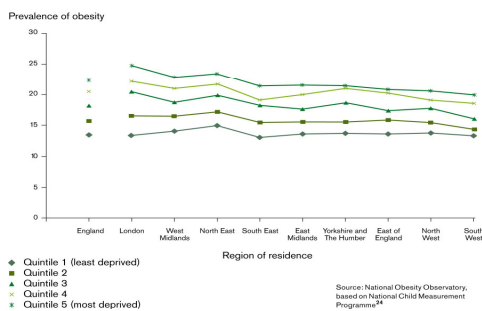


Figure 2.17 Prevalence of problematic drug users aged 15–64 years by local authority of residence and Index of Multiple Deprivation, 2006/7

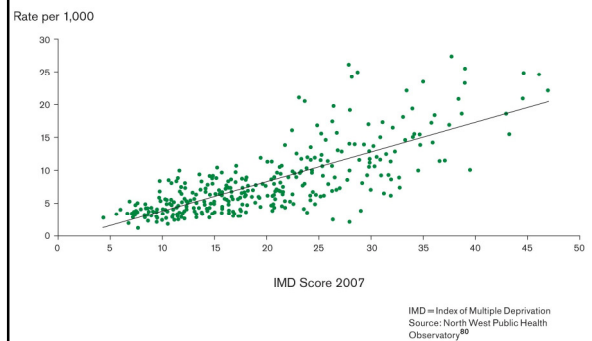
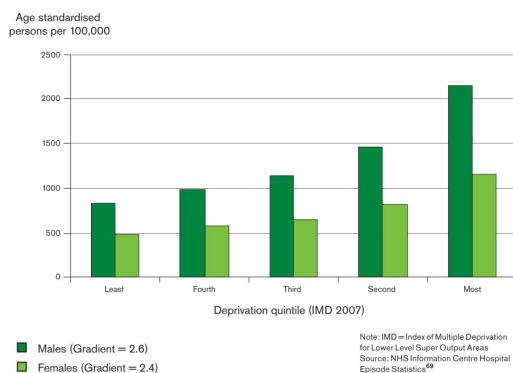


Figure 2.14 Alcohol-attributable hospital admissions by small area deprivation quintile in England, 2006–2007



## Policy Objective F

### Recommendations

- Prioritise investment – up from 4% of NHS budget
- Medicalise drug treatment
- Gradient in smoking, obesity and alcohol
- Public Health - social determinants



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Final Report Launched and  
available online

For further information

[www.ucl.ac.uk/gheg/marmotreview](http://www.ucl.ac.uk/gheg/marmotreview)

