

Britain: Health inequalities widest since records began in 1921

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A study into Britain's health inequalities in the form of mortality rates reveals that they are now at the widest since records began in 1921.

Entitled "Inequalities in premature mortality in Britain: observational study from 1921 to 2007", the report was produced by research fellow Bethan Thomas and professors Danny Dorling and George Davey Smith. It is published online in the British Medical Journal (BMJ) (www.bmj.com).

Using information on mortality rates from the Office of National Statistics for England and from the General Register Office for Scotland, the academics set about an observational study of the extent of inequality in premature mortality as measured between geographical areas in Britain from 1921 to 2007.

It has long been accepted within academic circles that unequal mortality rates reflect income inequality and so rise concurrently. Workers living in the poorest districts of Britain have a lower life expectancy than people living in less poor areas, and the gap is wider in Britain than in other comparable nations. Most recent research suggests an inequality of between seven to 10 years from the top 10 percent to the bottom 10 percent of wealthiest districts.

This latest BMJ paper brings that previous research up to date and confirms that mortality inequalities are growing and show no signs of stopping. Although life expectancy continues to grow across all social classes, the gap between the wealthiest and poorest British districts continues to increase.

According to the paper, between the mid-1950s and mid-1970s health inequalities diminished slightly as other concurrent inequalities, most influentially social inequality, lessened. Professor Dorling of the University of Sheffield has explained that health inequalities between areas "fell throughout the 1960s

and early 1970s to reach a minimum around 1969-73 when the best-off 10 percent could 'only' expect about a one in six (16.6 percent) lower than average chance of dying before their 65th birthday any year, and the excess mortality of the worst-off 30 percent was 'just' a fifth (20 percent) higher at the launch of the research than the average" ("Injustice: why social inequality persists").

In the 1970s, however, it began to move in the opposite direction and grow wider as governments squeezed working class living standards, driving up unemployment.

From the 1990s, mortality data and public records show that, when measured by the relative index of inequality, geographical inequalities in age-sex standardised rates of mortality below age 75 have increased every two years from 1990-1 to 2006-7 without exception. Over this same period relative index of inequality increased from 1.61 in 1990-1 to 2.14 in 2006-7.

Social inequality grew exponentially during Labour's 13 years in government. Consequently, between 1999 to 2007 for every 100 deaths before the age of 65 in the richest top 10 percent of districts, there were an astonishing 212 in the poorest 10 percent of working class districts.

Health inequalities up to the age of 75 have now reached the highest levels since at least 1990. Similarly, inequalities in mortality rates under the age of 65 surpass the most extreme previously reported. Comparisons of crudely age-sex standardised rates for those below 65 years of age, suggest that geographical inequalities in mortality rates are higher in the most recent decades than any similar time frame for which records are available, in 1921.

This was the period leading up to the economic

depression of the “hungry thirties”. As the researchers point out, “The economic crash of 2008 might precede even greater inequalities in mortality between areas in Britain”.

Commenting on the mortality research, Dorling warned that, “Health and wealth are directly linked and, unless we tackle the income gap, we could well see life expectancy actually starting to fall for the first time in the poorest areas”.

This was the scenario that occurred after capitalist restoration in the Soviet Union or in countries subject to “shock-therapy” style structural adjustment packages.

Such a forecast from an eminent human geographer should act as a warning as to the socio-economic conditions now being prepared, as the Conservative Party-Liberal Democrat coalition imposes the largest austerity measures in generations.

Health inequalities have risen under conditions in which a National Health Service has been in place, along with albeit limited welfare provision. Now all this is to be undermined and slashed to the bone.

The NHS already faces significant cutbacks. According to the Royal College of Nursing, more than 11,000 jobs have already been identified to be cut, downgraded or phased out over the last year. Last week it was announced that the Royal Berkshire Hospital Trust is to cut 600 jobs in order to save £60 million over the next three years.

This is only the beginning. At the same time, the government is looking to dramatically scale back welfare entitlements. As unemployment rises, wages fall and poverty becomes more generalised, many more will be condemned to ill health and early death.



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