

# Poorest in the UK less healthy and dying younger

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Ill health and an early death is the prospect for millions of some of the poorest in England, according to a recent report published by the Office for National Statistics (ONS).

The report, “Healthy Life Expectancy at birth for Upper Tier Local Authorities: England, 2010-2012”, has projected the predicted lifespan for some of the poorest in the UK. The data to compile this report was taken over a period of two years, between 2010 and 2012, and included not just the mortality rates, but also Health Expectancies (HEs)—the estimates of the average number of years a person will live in a given health state. This gives a clearer picture of the periods in a person’s life when they are unwell, suffering a disability or health-limiting illness.

The report demonstrates that there are clear divisions between the richest and poorest in England in respect to health inequality and life expectancy. It highlights the fact that men and women in the most deprived areas, numbering some 5.4 million people, will end up spending 15 percent less of their shorter lives in good health, compared to those living in the least deprived areas.

Men in some parts of the poorest and most deprived areas of England, described as the lower decile, will not reach the age of 74. This is nearly a decade earlier than those in the top decile, who should be expected to live until they are 83 years old. It is also the same for women born in the lower decile, who are expected to die by the time they reach the age of 79, as against their more affluent counterparts who are expected to live until they are 86.

The inequalities in health are also revealed not just in studies of morbidity but also in the health quality of an individual’s life, i.e. what percentage of the life is lived in good health. The study analyses Healthy Life

Expectancy (HLE), which estimates lifetime spent in “Very Good” or “Good” health, based on how individuals perceive their health. The highest HLE was in affluent Richmond upon Thames for males, at 70.0 years, and Wokingham for females, at 71.0 years. The lowest HLE was in the generally more deprived areas, with a figure of 52.5 years for males in Tower Hamlets, London and a figure of 55.5 years for females in Manchester.

Males in the more affluent southeast of England are expected to live 82 percent of their lives in good health, as against males in the poorer northeast of England, who will live just 76.4 percent of their lives in good health.

Tower Hamlets is a microcosm of the social problems faced by many of the poorest across the UK. It is one of the most deprived areas, containing some of the greatest wealth disparities between the richest and the poorest in a single borough, with the average salary being £11,400 and one in four children living in poverty. One can find multi-millionaire financiers based in Canary Wharf living not that far away from the long-term unemployed in run down council estates.

The life expectancy for men and women in Tower Hamlets is 77 and 82 respectively. Health problems for men living in this borough will start to occur at 52 years old, 18 years lower than those living in the least deprived areas of the UK.

In a briefing statement published by the Faculty of Public Health of the Royal Colleges of the United Kingdom, ill health and the relationship with poor diet is recognised as a risk factor when examining the major diseases in the UK: cancer, coronary heart disease (CHD) and diabetes. It is estimated that poor diet is related to 30 percent of life years lost in early death and disability.

The risks to poor health outcomes are significant, with a contributory factor in almost 50 percent of CHD deaths, 33 percent of all cancer deaths, low birth weight with increased childhood morbidity and mortality, and increased falls and fractures in older people.

The Faculty indicated that a poor diet and poor health outcomes are closely linked to those likely to experience poverty, the unemployed, those with low incomes, households with dependent children, older people, those with disabilities, and members of the black and minority ethnic communities.

The Royal College of Paediatrics and Child Health (RCPCH) and the National Children's Bureau said that inequalities in society, which leave many families in poverty and deprivation, are to blame for a large increase in the deaths of young children.

These conclusions were contained in a report the organisations published in May, "Why Children Die". It showed that children under five in the UK are more likely to die than in any other Western European country excluding Malta. Nearly five babies in a thousand in the UK will not live to their fifth birthday.

These conclusions were backed up by a paper published by the Institute for Health Metrics and Evaluation (IHME) at the University of Washington. The IHME is regarded internationally as one of the key authorities in this area of research. The paper was published in the British medical journal the *Lancet*.

The data details that mortality rates in the UK for children under five is 4.9 deaths per 1,000 births. This is more than double that in Iceland (2.4 per 1,000 births), the country with the lowest mortality rates. In 2013, 3,800 children under five died in the UK, the highest absolute number of deaths in Western Europe.

The *Lancet's* press release notes, "the UK's under-5 mortality rate is comparable to that of Serbia and Poland. Outside of Europe, the UK has a higher child mortality rate than Australia, Israel, Japan, Singapore, and South Korea."

The IHME data is broken down by life stages and finds that the UK has the worst outcomes compared with nearly every other Western European nation for early neonatal deaths (death between 0 and 6 days) and post-neonatal deaths (death between 29 and 364 days). It has the worst outcomes of any country for childhood deaths (death between 1 and 4 years).

Richard Horton, editor-in-chief of the *Lancet*, said,

"These figures show the significant health burden that children bear in the UK compared with their European neighbours. The reasons for this are likely to be complex, but undoubtedly include the poor organisation of children's health services in the UK". He said that if the issue was not addressed, "the health of the next generation of British citizens—more seriously, newborns and older children will continue to suffer and die needlessly."

Deaths in newborn children can be associated with low birth weight, and here there is a causal connection with issues such as young mothers having a poor diet. The RCPCH report also raised concerns that increasing numbers of people are having to access food banks.

The devastating material in these reports and studies are invaluable in providing empirical proof of the causal relationships between social inequality and poor health outcomes.

Such pronounced health inequalities are the inevitable product of a society that concentrates enormous wealth at one pole, whilst an increasing number of people grow up living in poverty and often remain in poverty all their lives. This state of affairs, with ever increasing numbers of young and older people dying prematurely, is socially criminal and an indictment of capitalist society.



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