



# The Association of Directors of Public Health

## Parliamentary Briefing: Health Inequalities

The Association of Directors of Public Health (ADPH) is the representative body for Directors of Public Health (DPH) in the UK. It seeks to improve and protect the health of the population through collating and presenting the views of DsPH; advising on public health policy and legislation at a local, regional, national and international level; facilitating a support network for DsPH; and providing opportunities for DsPH to develop professional practice.

The Association has a rich heritage, its origins dating back 160 years. It is a collaborative organisation working in partnership with others to maximise the voice for public health.

### Key Points

*“Health inequalities represent unfairness.*

*It should not be the case that the place you were born, your household income or happening to live with mental illness should so profoundly affect your life expectancy. These are issues, as Sir Michael Marmot has shown, that can be addressed. Indeed, it is in the national interest that we do so. Our economic prosperity depends on it.”*

- Dr Andrew Furber, President, Association of Directors of Public Health

Addressing inequalities in the social determinants of health, such as income, housing, education and the built environment, should be a key priority for this government. In the most deprived areas in the UK, men can expect to live 19 years less of their lives in good health, compared with the least deprived areas. Progress is not being made in tackling health inequalities. In the ten years between 1999-2003, and 2009-2013, there was little change in the difference in life expectancy between the most and least deprived areas in England.<sup>1</sup>

Income inequalities are a particularly acute driver of health inequalities. Those from a socioeconomically deprived background are more likely to be impacted by harmful drinking and alcohol dependence, and are also more likely to smoke, and to be obese – all of which lead to associated negative health impacts:

- In 2013, alcohol related deaths for the most deprived decile were 53% higher than the least deprived.<sup>2</sup>
- 23% of those with an annual income of less than £10,000 are smokers, compared to 11% of those with an income of £40,000 or more.<sup>3</sup>
- 33% of women with no qualifications are obese, compared to 18% of women with a degree or equivalent level qualification.<sup>4</sup>

<sup>1</sup>Office for National Statistics, ‘Inequality in Health and Life Expectancies within Upper Tier Local Authorities: 2009 to 2013’, November 2015 [<http://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/inequalityinhealthandlifeexpectancieswithinuppertierlocalauthorities/2009to2013>]

<sup>2</sup> Public Health England, “Health Matters: Harmful Drinking and Alcohol Dependence”, January 2016 [<https://www.gov.uk/government/publications/health-matters-harmful-drinking-and-alcohol-dependence/health-matters-harmful-drinking-and-alcohol-dependence>]

<sup>3</sup> Action on Smoking and Health, “Health Inequalities and Smoking”, June 2016 [[http://ash.org.uk/files/documents/ASH\\_1017.pdf](http://ash.org.uk/files/documents/ASH_1017.pdf)]

<sup>4</sup> Public Health England, “Social and Economic Inequalities in Diet and Physical Activity”, November 2013 [[http://www.noo.org.uk/uploads/doc/vid\\_19253\\_Social\\_and\\_economic\\_inequalities\\_in\\_diet\\_and\\_physical\\_activity\\_04.11.13.pdf](http://www.noo.org.uk/uploads/doc/vid_19253_Social_and_economic_inequalities_in_diet_and_physical_activity_04.11.13.pdf)]

Health inequalities have particularly striking effect on children, putting them at a disadvantage which will continue into later life. For example, three in five (60%) of the most deprived boys aged five to eleven are predicted to be overweight or obese by 2020, compared to 1 in 6 (16%) of boys in the most affluent group. Child poverty and adverse childhood events can influence the brain development of children, heightening their chances of risk of death in adulthood from a broad range of conditions.<sup>5</sup>

Health inequalities are also experienced by those who, for instance, have a mental illness, a learning difficulty, and those from particular ethnicities. For example, in London, the greatest health inequalities can be found in Bangladeshi, Pakistani, and mixed populations.<sup>6</sup> It is vitally important that the government takes action to tackle health inequalities caused by these factors.

### **Public Health and Health Inequalities**

The life expectancy gap can be as large as 12.8 years within a local authority area.<sup>7</sup> Directors of Public Health and their teams are in an optimal position to work towards tackling health inequalities and closing this gap. They can work in partnership to integrate action to address the social determinants of health across the spectrum of local authority policy, in partnership with planning, housing, employment, and education teams.

However, reductions in the public health grant threaten this work. Following the 2015 Comprehensive Spending Review, ADPH surveyed members to assess the impact of the reduction in the public health grant. **75%** of members felt that there would be a detrimental impact on health inequalities.

### **Recommendations**

As outlined in our [recent position statement](#), we continue to recommend increased investment in public health in order to allow Directors of Public Health to take action on health inequalities locally.

Furthermore, we would advocate for national policies to address health inequalities at a strategic level, and would like to draw particular attention to the following:

- The government should take into consideration strong evidence for the impact of Minimum Unit Pricing on health inequalities, and consider it as a possible policy intervention to address health inequalities associated with alcohol use.<sup>8</sup>
- The government should move to publish an updated Tobacco Plan as soon as possible, which should detail measures to tackle the link between deprivation, smoking, and poor health.
- The government should continue its work to tackle childhood obesity, implement the Soft Drinks Industry Levy, and consider a 9pm watershed for the marketing of HFSS foods. We would recommend a more ambitious approach to tackling child obesity that is proportionate to the huge health risk that it represents.

**Association of Directors of Public Health**

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<sup>5</sup> S. Wickham, E. Anwar, B. Barr, C. Law, D. Taylor-Robinson, 'Poverty and Child Health in the UK: Using Evidence for Action', Archives of Disease in Childhood, February 2016, [<http://adc.bmj.com/content/early/2016/02/08/archdischild-2014-306746.full>]

<sup>6</sup> The Runnymede Trust, "Ethnic Inequalities in London: Capital for All", March 2016 [<http://www.runnymedetrust.org/uploads/images/London%20Inequality%20report%20v3.pdf>]

<sup>7</sup> Office for National Statistics, "Inequality in Health and Life Expectancies within Upper Tier Local Authorities: 2009 to 2013", November 2015 [<http://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/inequalityinhealthandlifeexpectancieswithinuppertierlocalauthorities/2009to2013>]

<sup>8</sup> University of Sheffield, "Minimum unit pricing and strength-based taxation have larger impacts on health inequalities than increasing current alcohol taxes", February 2016 [<https://www.sheffield.ac.uk/news/nr/alcohol-tax-taxation-minimum-pricing-1.552930>]