



Child poverty and health inequalities

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All cultures have a concept of Poverty

"In Wealth, many friends, in poverty not even relatives"

- Japanese Proverb

"Poverty is the worst form of violence!"

- Mahatma Gandhi - Indian Philosopher & Freedom Fighter

"The greatest evils and the worst of crimes is poverty" George Bernard Shaw - Irish Playwright & Novelist

"Inequality in health is the worst inequality of all. There is no more serious inequality than knowing that you'll die sooner because you're badly off"

Frank Dobson, 1997 (UK Secretary of State for Health 1997-1999)

Different Survival Rates – is this a problem?

Died	Survived	Survival rate
5	146	97%
24	104	81%
145	106	42%

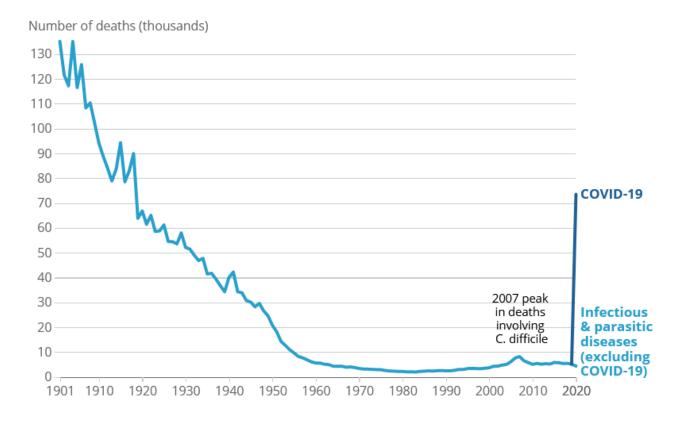
Different Survival Rates – is this a problem?

Survival Rates of Women & Children Passengers on the Titanic by Class of Ticket

Class of Ticket	Died	Survived	Survival rate
First Class	5	146	97%
Second Class	24	104	81%
Third Class	145	106	42%

The Global COVID19 Pandemic

Number of deaths registered due to infectious and parasitic diseases, England and Wales, 1901 to 2020 and COVID-19 in 2020



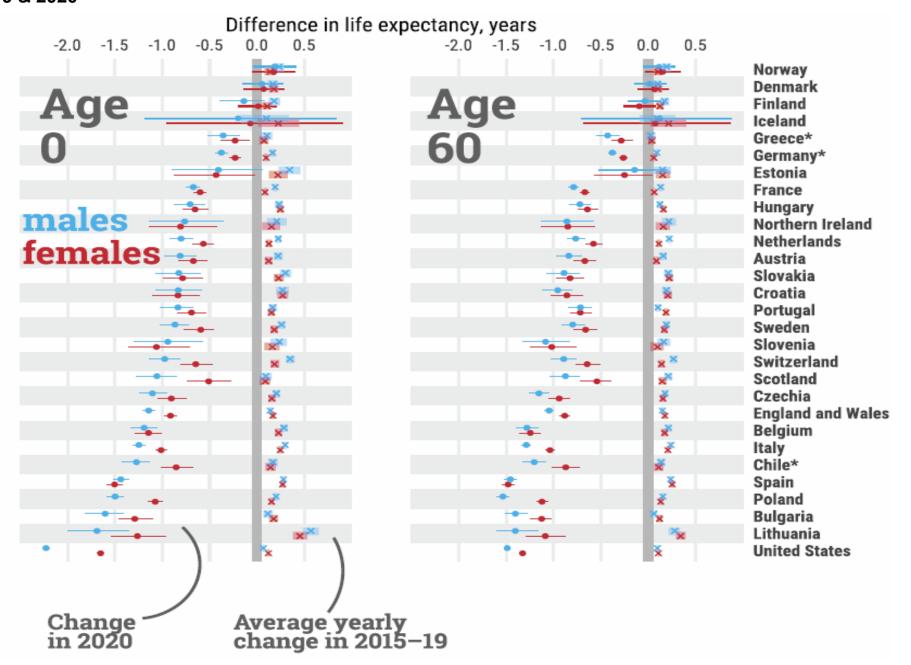
"The COVID-19 pandemic triggered significant mortality increases in 2020 of a magnitude not witnessed since World War II in Western Europe or the breakup of the Soviet Union in Eastern Europe. Females from 15 countries and males from 10 ended up with lower life expectancy at birth in 2020 than in *2015.*"

Source: ONS (2021) A Year Like No Other

https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/coronavirusayearlikenoother/2021-03-15

Source: Aburto et al (2021) Quantifying impacts of the COVID-19 pandemic through life-expectancy losses: a population-level study of 29 countries. *International Journal of Epidemiology* https://doi.org/10.1093/ije/dyab207

Life expectancy at birth (age 0, left panel) and at age 60 years (right panel) by country and sex, in 2015, 2019 & 2020



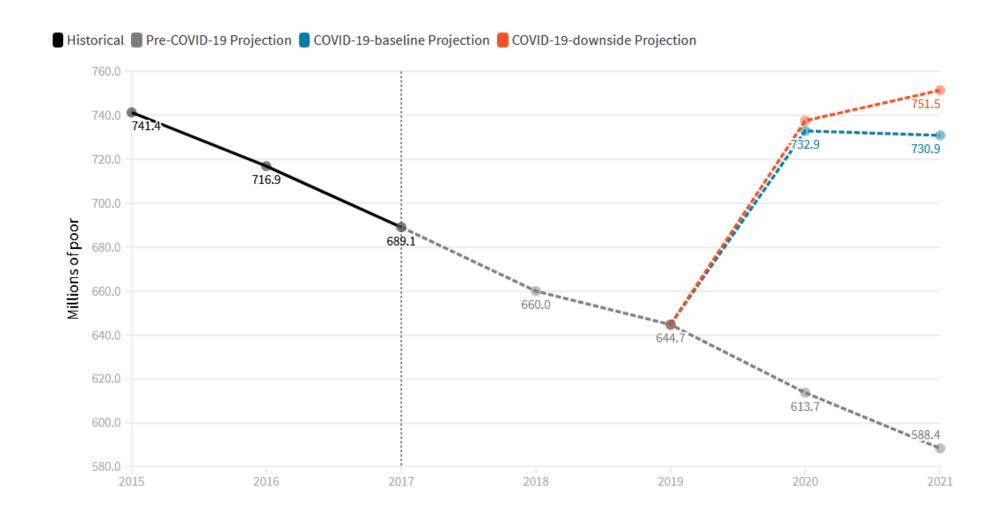
Poverty and Pandemics

Bioarchaeological research has shown that, even in pre-industrial societies, the people at greatest risk during pandemics were:

"often those already marginalized—the poor and minorities who faced discrimination in ways that damaged their health or limited their access to medical care." (Wade, 2020, p700).

Depending on the extent of the economic damage wrought by the pandemic, it is estimated that extreme income poverty (\$1.90 per day PPP poverty) will increase "by between 85–135 million under a 5 per cent contraction, by between 180–280 million under a 10 per cent contraction, and, startlingly, between 420–580 million people under a per capita income or consumption contraction of 20 per cent." (Sumner, Hoy & Otiz-Juarez, 2020, p5-6).

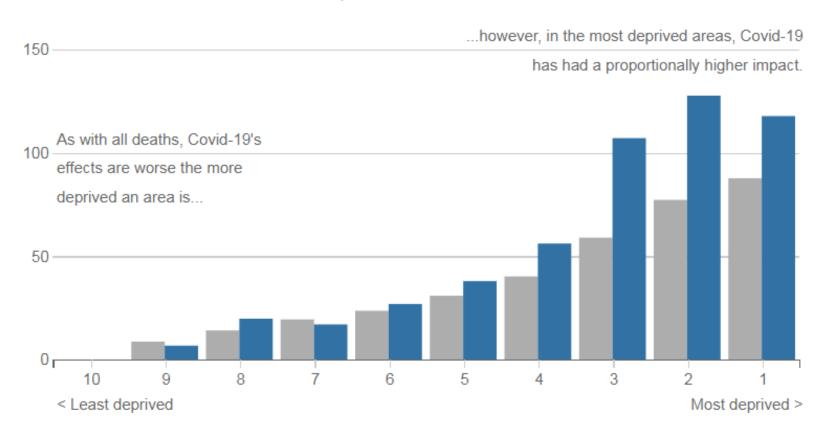
World Bank Forecast of Number of People in Extreme Poverty: 2015-2021



Standardised Mortality Rates of Deaths Involving Covid-19 in England (1st March to 17th April 2020) by Area Deprivation Deciles (IMD)



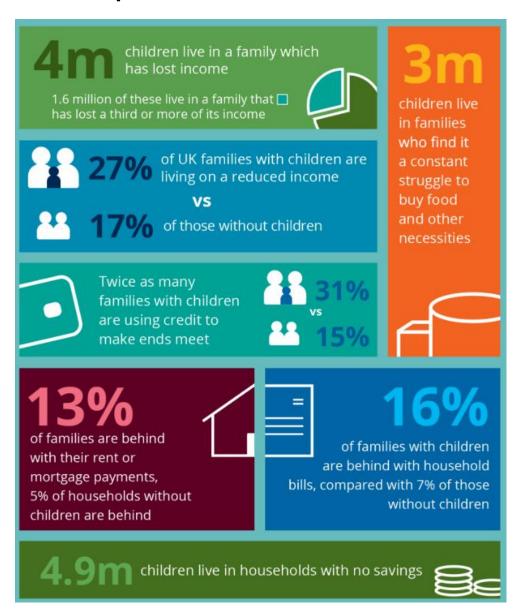
Death rate as a % difference from the least deprived decile



Source: ONS (2020)

 $\underline{https://www.ons.gov.uk/people population and community/births deaths and marriages/deaths/bulletins/deaths involving covid 19 by local areas and deprivation/deaths occurring between 1 march and 17 april \underline{}$

The Impact of the Pandemic on Children and their Families in the UK



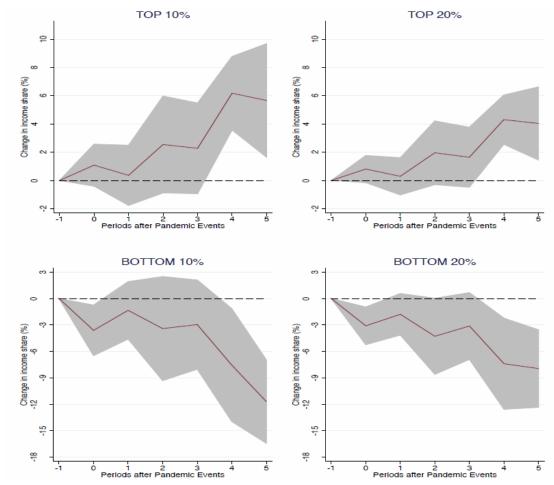


Food Foundation (2021) A CRISIS WITHIN A CRISIS: The Impact of Covid-19 on Household Food Security. https://foodfoundation.org.uk/publication/crisis-within-crisis-impact-covid-19-household-food-security

Pandemics have always done greater harm to poor and vulnerable people and resulted in increases in poverty and inequality

Average impact of the last five epidemics on Inequality: Income shares of the richest and poorest in 64 Countries

(SARS in 2003, H1N1 in 2009, MERS in 2012, Ebola in 2014 and Zika in 2016)

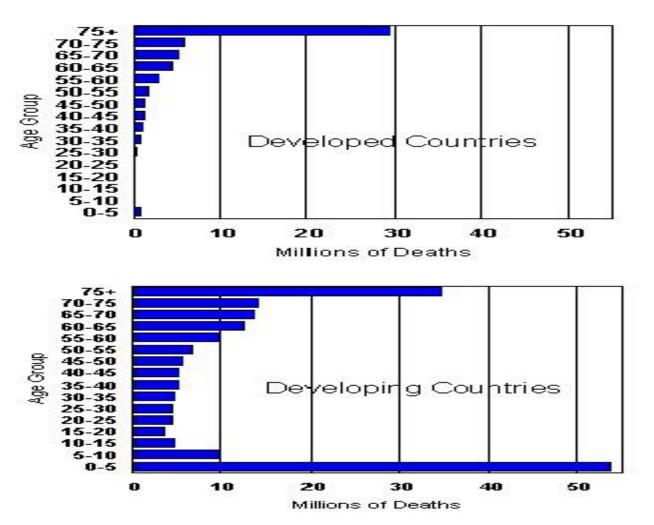


'Periods' are years before & after the epidemic

Source: Furceri et al, (2020) Will Covid-19 affect inequality? Evidence from past pandemics. Covid Economics, 12, 138-157

The Costs of Child Poverty

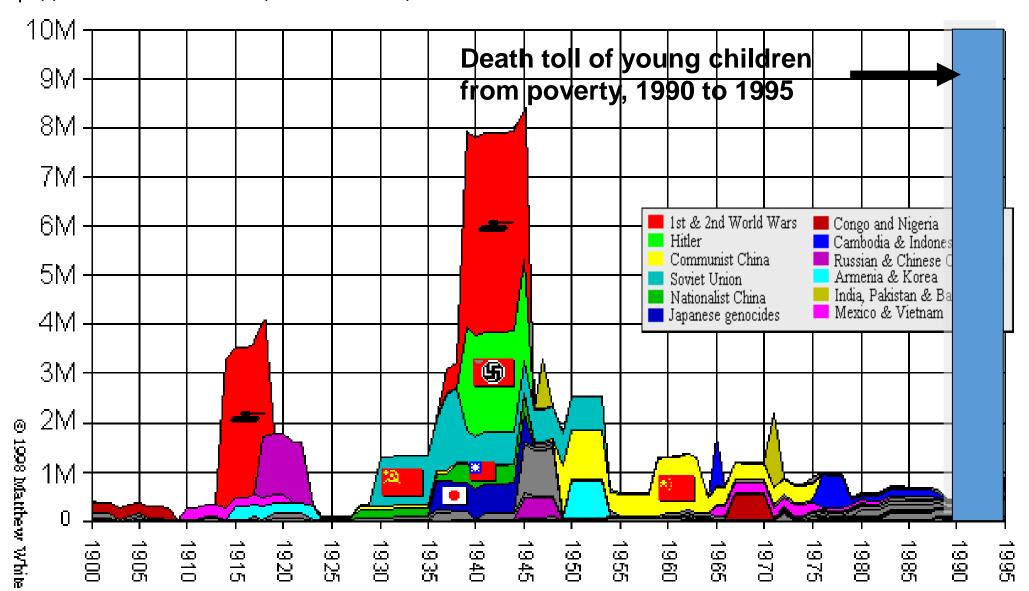
Age at death by age group, 1990-1995



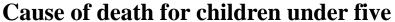
Source: The State of the World Population 1998

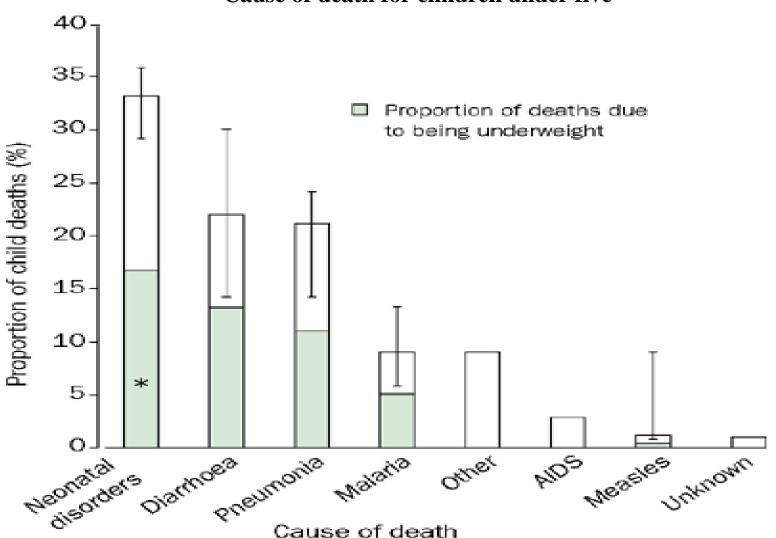
Death Toll of 20th Century Atrocities

http://users.erols.com/mwhite28/war-1900.htm



Only the good die young? – what kills children





Bars show estimated confidence

interval

"The world's biggest killer and the greatest cause of ill health and suffering across the globe is listed almost at the end of the International Classification of Diseases. It is given code Z59.5 -- extreme poverty.

World Health Organisation (1995)

Seven out of 10 childhood deaths in developing countries can be attributed to just five main causes - or a combination of them: pneumonia, diarrhoea, measles, malaria and malnutrition. Around the world, three out of four children seen by health services are suffering from at least one of these conditions.

World Health Organisation (1996; 1998).

The Cost of Food and Health for All

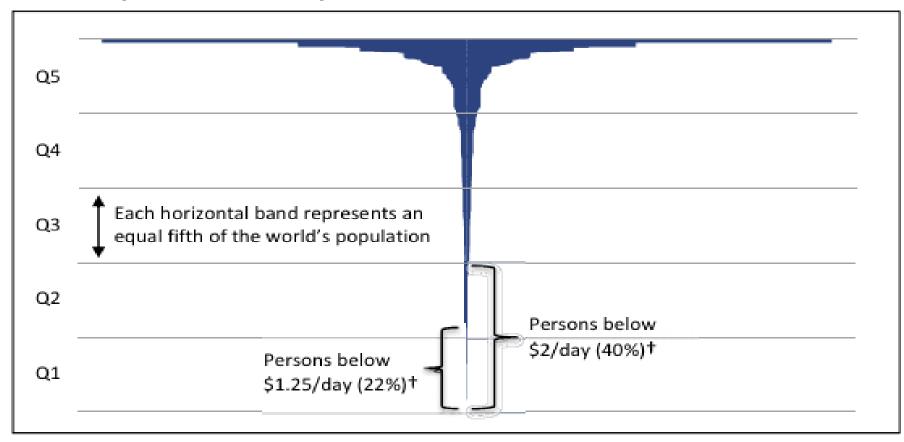
Over six million of the world's young children die each year and, in over half of these deaths, malnutrition is a contributory cause.

The cost of preventing these deaths is relatively small: \$13 billion a year for ten years would provide basic health and nutrition for every person on the planet (UNDP, 1997).

By comparison, \$30 billion was spent on pizza in the US in 2002 (Pizza Marketing Quarterly, 2003) and \$12 billion on dog and cat food (Euromonitor International, 2003).

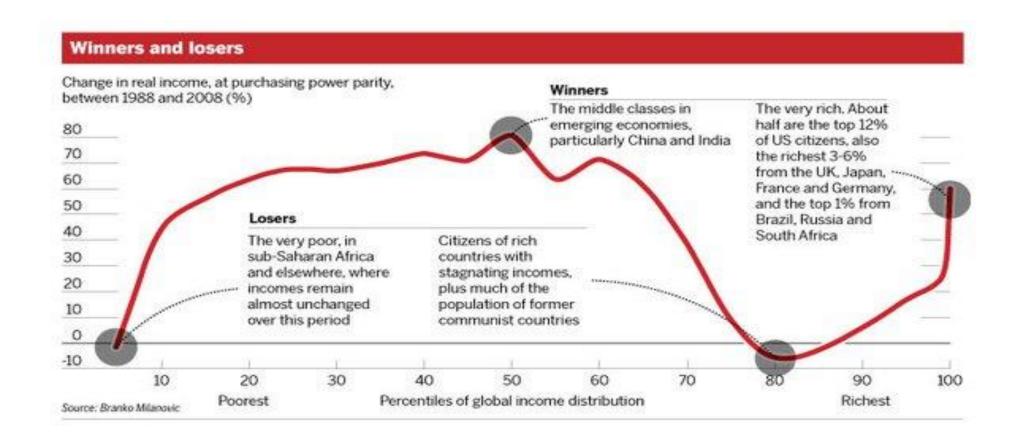
The World is Very Unequal

Figure 7. Global Income Distributed by Percentiles of the Population in 2007 (or latest available) in PPP constant 2005 international dollars*



Source: Ortiz & Cummings (2011) Global Inequality: Beyond the Bottom Billion. UNICEF

Changes in Global Real Incomes: 1988 to 2008



Source: Milanovic, B. (2016) Global Inequality: A New Approach for the Age of Globalization. Cambridge, Harvard University Press.

World Inequality Report 2018

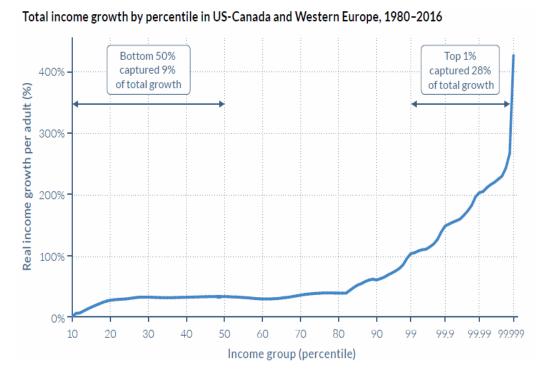
The richest 1% continue to own more wealth than the whole of the rest of humanity

Credit Suisse. (2017). Global Wealth Databook 2017

If the pre-pandemic trends continue then the richest 1% will own 64% of the world's wealth by 2030

UK House of Commons Library Research: Inclusive Growth, April 2018

https://www.inclusivegrowth.co.uk/ house-commons-library-research



Estimated distribution of global wealth under different scenarios, 2017-2030

	\\/ + -:+ 10/	Least wealthy
	Wealthiest 1%	99%
Share of total wealth in 2017	50%	50%
Total wealth, annual rate of increase 2000-17	6%	5%
Total wealth, annual rate of increase 2008-17	6%	3%
Share of total wealth in 2030		
Assuming total wealth grows at 2000-17 annual rate	54%	46%
Assuming total wealth grows at 2008-17 annual rate	64%	36%

Note: the composition of each group will change from year to year. Someone who is in the wealthiest 1% in one year may be in the least wealthy 99% in the next.

Source: Estimates based on wealth data for 2000-2017 published in Credit Suisse, Global Wealth Report 2017 and Global Wealth Databook 2017

Male life expectancy, between- and within-country inequities, selected countries

Place	Life expectancy at birth	
United Kingdom, Scotland, Glasgow (Calton) ^b	54	
Indiaª	62	
United States, Washington DC (black) ^c	63	
Philippines ^a	64	
Lithuaniaª	65	
Poland ^a	71	
Mexico ^a	72	
United States ^a	75	
Cuba ^a	75	
United Kingdom ^a	77	
Japan ^a	79	
Iceland ^a	79	
United States, Montgomery County (white) ^c	80	
United Kingdom, Scotland, Glasgow (Lenzie N.) ^b	82	

Summary of Outcomes of Child Poverty in Rich Countries

Outcome

Are Outcomes Associated with Poverty?

Mortality Yes, strong association with social class

Morbidity
 Yes, strong association for most diseases

Accidents
 Yes, for fatal accidents (but not accident morbidity)

Mental Illness

Yes

• Suicide Yes

Child Abuse
 Yes, except sexual abuse

Teenage Pregnancy Yes

Environment/Housing Conditions Yes

Homelessness
 Yes

Low Education attainment
 Yes

School exclusions Don't Know

• Crime No

Smoking Mainly after childhood

Alcohol
 No

Drugs
 No

Child Labour No

Source: Bradshaw (2001)

Proportion of child health outcomes attributable to social inequities in the UK Table 1 Percentage potential reduction if all children had same risk as most socially advantaged Child health outcomes Birth weight* <2500 g 30 32 <1500 g Neonatal morbidity† Respiratory distress 32 Infection 20 Hypoglycaemia 18 Disability‡ Cerebral palsy 30 **Educational disability** 39 Special educational needs 29 Psychological and behavioural problems§ **Emotional disorders** 34 Conduct disorders 59

54

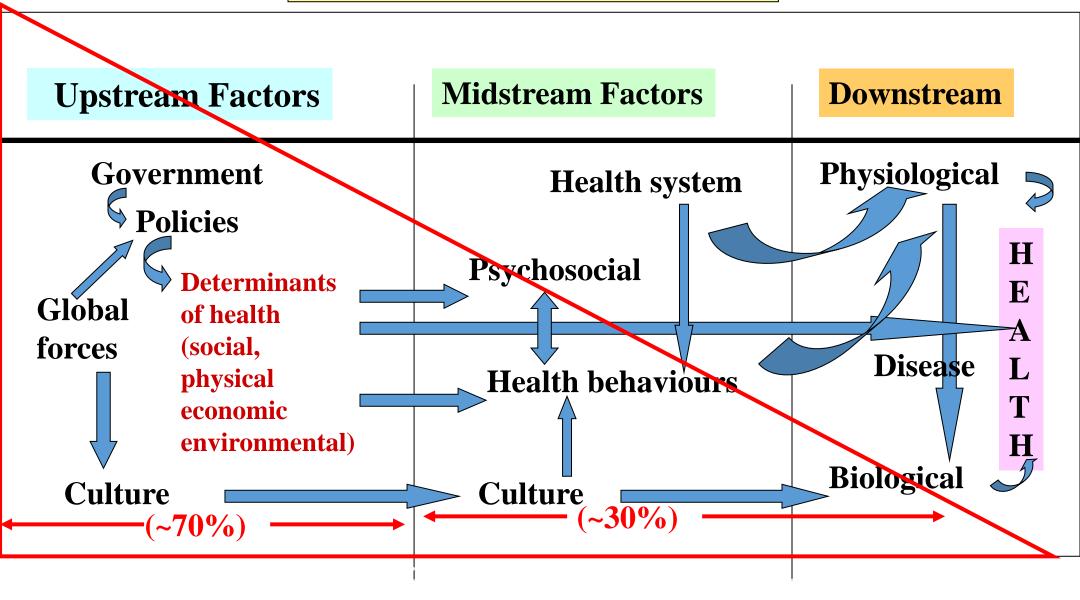
Source: Spencer N. Arch Dis Child 2013;98:836-837

Hyperkinetic disorders

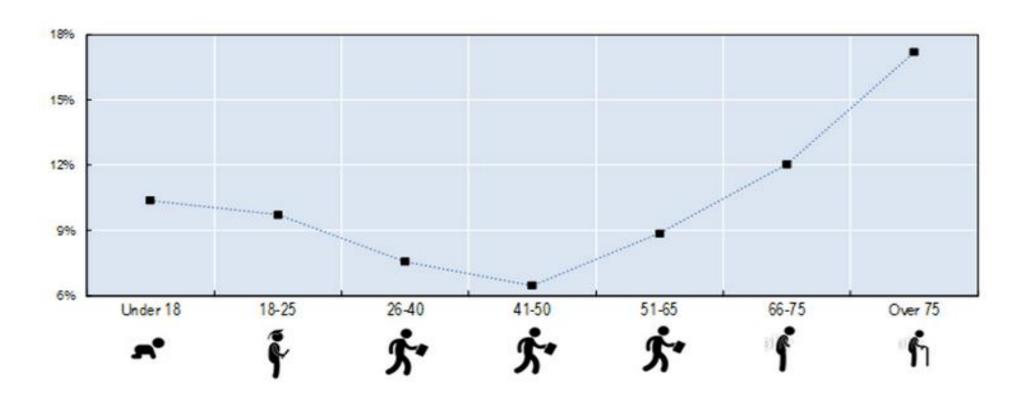
Main conclusions of Galobardes et al:

- Childhood SEP is particularly important for mortality from stomach cancer.
- Childhood SEP was particularly important for haemorrhagic stroke but there was not consistency across studies.
- Childhood circumstances contribute, together with socioeconomic conditions in adult life, in determining mortality from coronary heart disease, liver and lung cancer, respiratory-related deaths and diabetes. The relative contribution of childversus-adult circumstances varied in different contexts.
- Childhood circumstances may contribute to external (including unintentional injuries and homicide) and alcohol-related causes of death, especially in northern European countries.
- There is no evidence for an association with overall non-smoking-related cancers.

Determinants of Health

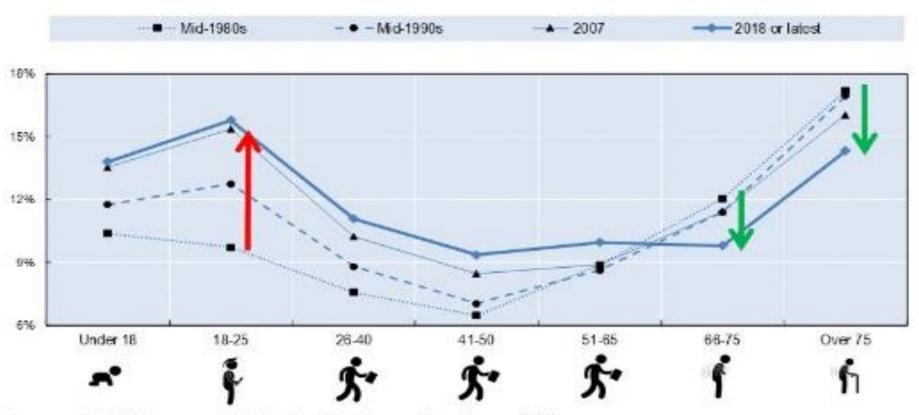


Income Poverty Rates by Age Group in OECD Countries in the mid-1980s



In the mid-1980s, older people were on average more likely to be poor than children or people of working age.

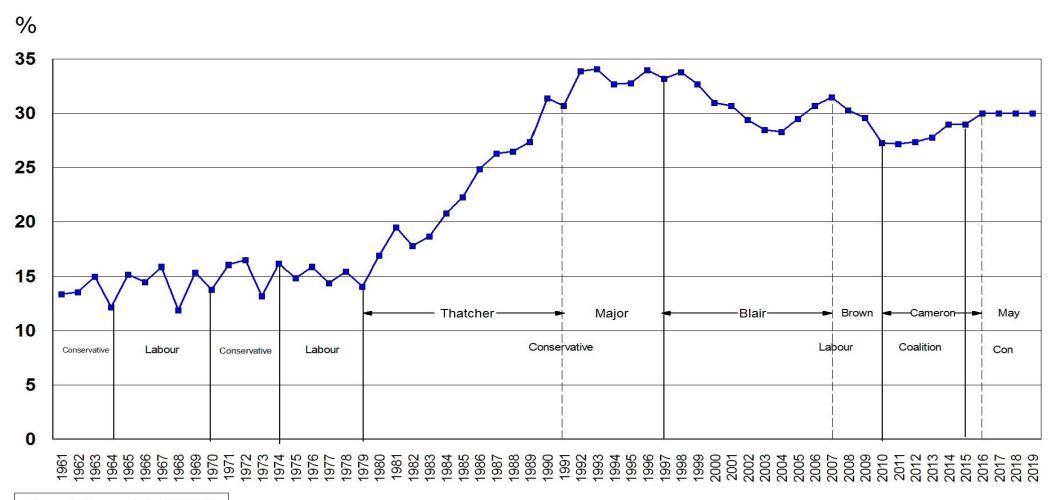
Changes in Income Poverty Rates by Age Group in OECD Countries 1980s to 2018



Source: OECD Income Distribution Database (http://oe.cd/idd).

Poverty amongst older people has declined and child and youth poverty has increased over the past 40 years. This long term trend accelerated considerable after the 2008 financial crisis in OECD countries.

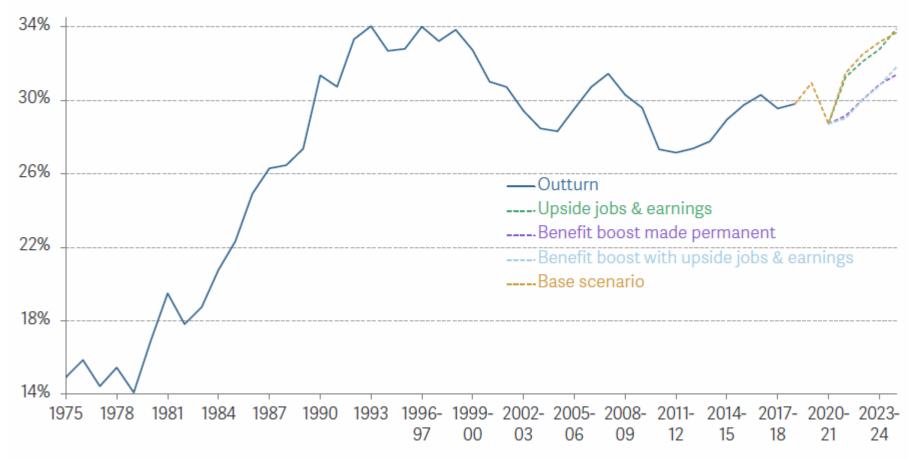
Child Poverty in the UK: 1961 to 2018/19



Source: IFS Incomes in the UK & HBAI

FIGURE 20: One-in-three children will be in poverty by 2024-25

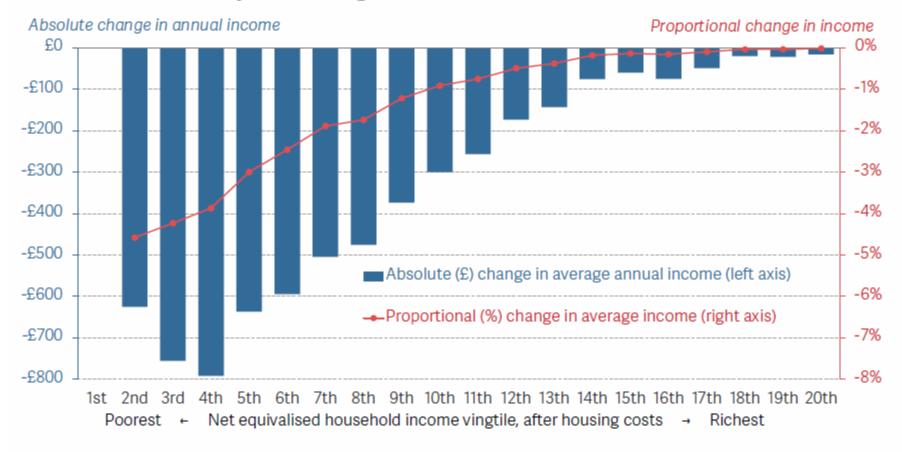
Proportion of children living in relative poverty: UK, 1975 to 2024-25



NOTES: Poverty rates are calculated using incomes after housing costs.

SOURCE: RF analysis of DWP and IFS, Households Below Average Income; RF forecast.

Estimated impact on household income of not continuing £20 a week UC and WTC boost in 2021-22, by income vingtile: UK



NOTES: We exclude the bottom 5 per cent, due to concerns about the reliability and volatility of data for this group.

SOURCE: RF analysis of DWP, Households Below Average Income; and RF forecast.

Child poverty targets

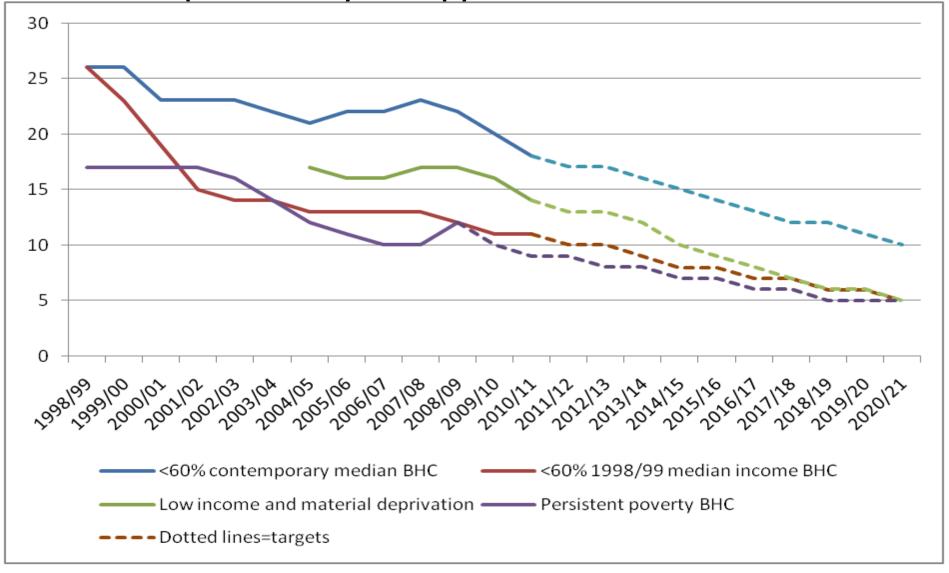
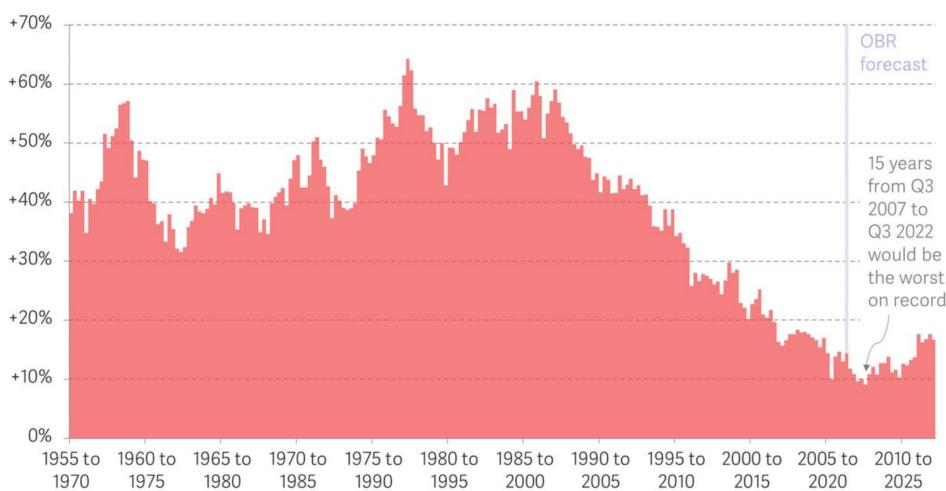


Figure 2: The 15 years from 2007 to 2022 are forecast to be the worst on record for household income growth







Source: RF analysis of ONS outturn (to Q4 2019) and OBR, Economic and Fiscal Outlook - October 2021.

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Report of the UN Special Rapporteur on Extreme Poverty & Human Rights 2019

Although the United Kingdom is the world's fifth largest economy, one fifth of its population (14 million people) live in poverty, and 1.5 million of them experienced destitution in 2017. Policies of austerity introduced in 2010 continue largely unabated, despite the tragic social consequences. Close to 40 per cent of children are predicted to be living in poverty by 2021. Food banks have proliferated; homelessness and rough sleeping have increased greatly; tens of thousands of poor families must live in accommodation far from their schools, jobs and community networks; life expectancy is falling for certain groups; and the legal aid system has been decimated.

The bottom line is that much of the glue that has held British society together since the Second World War has been deliberately removed and replaced with a harsh and uncaring ethos. A booming economy, high employment and a budget surplus have not reversed austerity, a policy pursued more as an ideological than an economic agenda."

Source: https://documents-dds-ny.un.org/doc/UNDOC/GEN/G19/112/13/PDF/G1911213.pdf?OpenElement

Department of Work & Pensions Fact Check on the UN Special Rapporteur's Report

"We did a fact check of the special rapporteur's report. He made a lot of good points, it was factually correct...in terms of the facts, in terms of austerity, and cuts to local government funding, in terms of the reliance that we have on the labour market and the risk that we have if there was a recession, all of those things were really good points that we have taken on board, we should take on board."

Donna Ward, DWP's Policy Director for Children, Families and Disadvantage evidence to the Work and Pensions Select Committee 12/6/2019 – 10:13am https://www.parliamentlive.tv/Event/Index/dc8af560-fd77-4196-922b-a80731799097 Why has modern medicine failed to eliminated health inequalities in rich countries?

- 1) The Rule of Halves
- 2) The Inverse Care Law

The Rule of Halves

Half of chronic disease is undetected

Half those detected are not treated

Half those treated are not controlled/followed up

Therefore only about 1 in 8 people in a population receive effective medical treatment for their health problems

Diseases subject to the 'Rule of Halves'

- Type 2 diabetes
- Visual impairment
- Deafness
- Incontinence in older people
- Glaucoma
- Coeliac disease
- Asthma
- Kidney failure
- Psycosocial problems in children

- Vertebral fracture from osteoporosis
- Suicidal depression
- Domestic violence
- Prostatic obstruction
- Heart failure
- Atrial fibrillation
- Schizophrenia
- Follow-up after strokes and coronary heart attacks

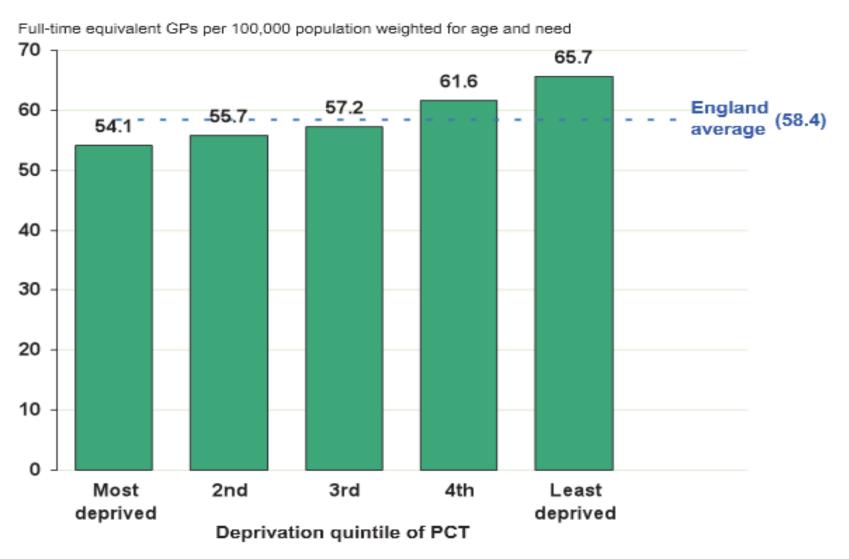
Source: Tudor Hart 2007

The Inverse Care Law

The term 'inverse care law' was coined by Tudor Hart (1971) to describe the general observation that "the availability of good medical care tends to vary inversely with the need of the population served."

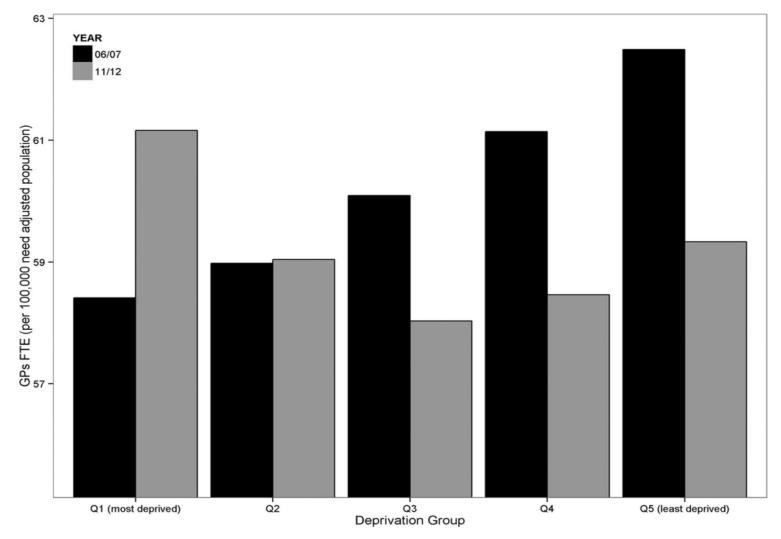
The Inverse Care Law

Average number of GPs per 100,000 by area deprivation, 2005



Source: DoH (2009) Tackling Health Inequalities: 10 Years On

Socioeconomic gradient in GP supply in 2006/2007 and 2011/2012, before and after the Equitable Access to Primary Medical Care programme.



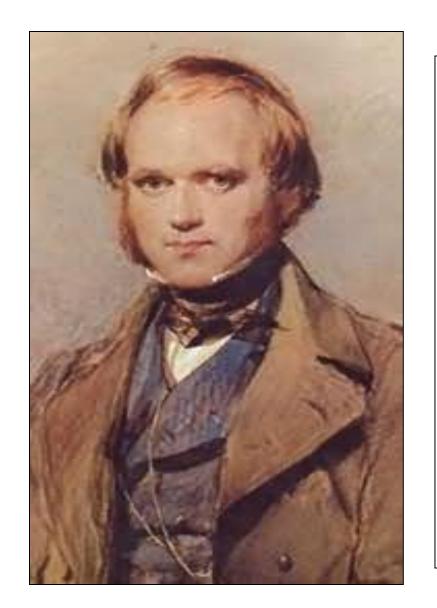
Miqdad Asaria et al. BMJ Open 2016;6:e008783



WHO Commission on the Social Determinants of Health

- Improve the conditions of daily life the circumstances in which people are born, grow, live, work, and age.
- Tackle the inequitable distribution of power, money, and resources – the structural drivers of those conditions of daily life – globally, nationally, and locally.
- Measure the problem, evaluate action, expand the knowledge base, develop a workforce that is trained in the social determinants of health, and raise public awareness about the social determinants of health.

The Laws of Nature



If the misery of our poor be caused not by the laws of nature, but by our institutions, great is our sin.

- Charles Darwin, 1845