

## Letters

# Inequalities in health continue to grow despite government's pledges

EDITOR—Yamey summarises our report showing that mortality differentials increased dramatically in Britain during 1981-95 in line with equally dramatic increases in income inequality.<sup>1</sup> The current government is committed to reducing health inequalities: "Our ambition is to do something that no government—Tory or Labour—has ever done. Not only to improve the health of the nation, but also to improve the health of the worst off at a faster rate."<sup>2</sup>

We suggest that on current evidence the government is doing little to reduce inequalities in material standards of living, although previous governments of all political parties have on occasion managed to do so.<sup>3</sup> The Department of Health has denied this shortcoming and pointed out that our mortality data went up to 1995 and say nothing about the current government.<sup>4</sup> While we acknowledged that mortality data were at that time available only up to 1995,<sup>3</sup> our claim was based on fiscal and economic data which suggest that overall income inequalities will not be greatly reduced by the current government's policies. Comparing the socioeconomic characteristics in the areas with a total population of one million with the highest mortality in people under 65 with those in the areas with the lowest mortality, we found stark differences in poverty rates, income, wealth, education, and unemployment.<sup>3</sup>

Our updated analysis shows that even given the noticeable increases between 1981 and 1995 mortality differentials have continued to increase up to the end of 1998 (table). The standardised mortality ratio for the areas in Britain with the highest mortality in 1991-5 has increased from 178 in 1991-5 to 187 in 1996-8, and the death rate in the worst areas is now 2.64 times that in the best areas. This is despite the fact that these areas had the highest mortality in Britain in 1991-5 and regression to the mean should have led to a decline in their relative position. Nearly two third of all deaths in the worst areas would be avoided if the death rates in these areas were the same as those in the best areas.

### Standardised mortality ratios and deaths in 1996-8 in areas of highest mortality in Britain in 1991-5

| Constituency        | No. of deaths | Standardised mortality ratio | % of avoidable deaths* |
|---------------------|---------------|------------------------------|------------------------|
| Glasgow Shettleston | 790           | 248                          | 71                     |
| Glasgow Springburn  | 814           | 232                          | 69                     |
| Glasgow Maryhill    | 819           | 211                          | 66                     |
| Glasgow Pollok      | 738           | 198                          | 64                     |
| Glasgow Anniesland  | 600           | 174                          | 59                     |
| Glasgow Baillieston | 720           | 193                          | 63                     |
| Manchester Central  | 910           | 183                          | 61                     |

|                                |        |     |    |
|--------------------------------|--------|-----|----|
| Glasgow Govan                  | 621    | 194 | 63 |
| Liverpool Riverside            | 813    | 177 | 60 |
| Manchester Blackley            | 815    | 181 | 61 |
| Greenock and Inverclyde        | 626    | 183 | 61 |
| Salford                        | 692    | 160 | 56 |
| Tyne Bridge                    | 702    | 156 | 55 |
| Glasgow Kelvin                 | 586    | 208 | 66 |
| Southwark North and Bermondsey | 641    | 149 | 53 |
| All                            | 10 887 | 187 | 62 |

\* Percentage of deaths which would not have occurred if these health areas with highest mortality had same death rates as health areas with lowest mortality.

Briefing the National Heart Forum last month, the minister for public health, Yvette Cooper, stated that "tackling inequalities and putting inequalities at the heart of government policy" is a primary aim and acknowledged that the huge health gap between the rich and the poor is "morally wrong." If the government's commitment to reducing inequalities is to be fulfilled a more concerted effort to reduce poverty and income inequalities is needed. The government has reluctantly agreed to increase the national minimum wage but by less than the increase in average earnings and hence the income gap will continue to grow. Benefits and pensions need also to be increased so that people who cannot work can share in the increased wealth and prosperity that most people in Britain are enjoying.

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☞ This letter has been peer reviewed.

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1. Yamey G. Study shows growing inequalities in health in Britain. *BMJ* 1999; 319: 1453 [[Free Full Text](#)]. (4 December.)
  2. Milburn A. Killer that shames Britain. *Observer* 1999 Dec 12:13.
  3. Shaw M, **Dorling** D, Gordon D, Davey Smith G. *The widening gap: health inequalities and policy in Britain*. Bristol: Policy Press, 1999.
  4. Department of Health. *"The widening gap:" Townsend Centre of International Poverty Research*. London: DoH, 1999. (Press release 1999-0726.)