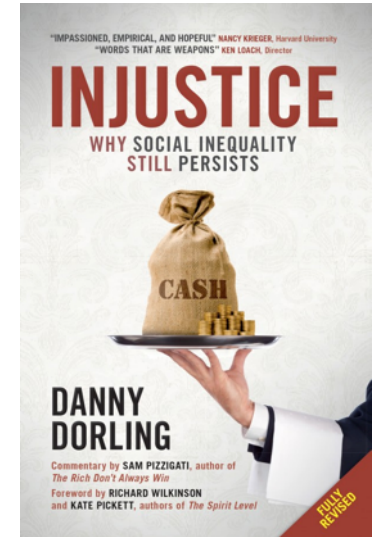


# Are more people dying because the rich are getting richer at the expense of the rest?

Danny Dorling

Population Health Research Group

14/1/2016, University of Southampton

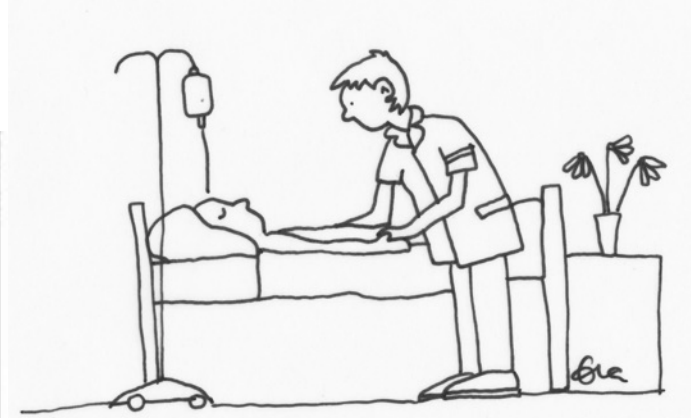
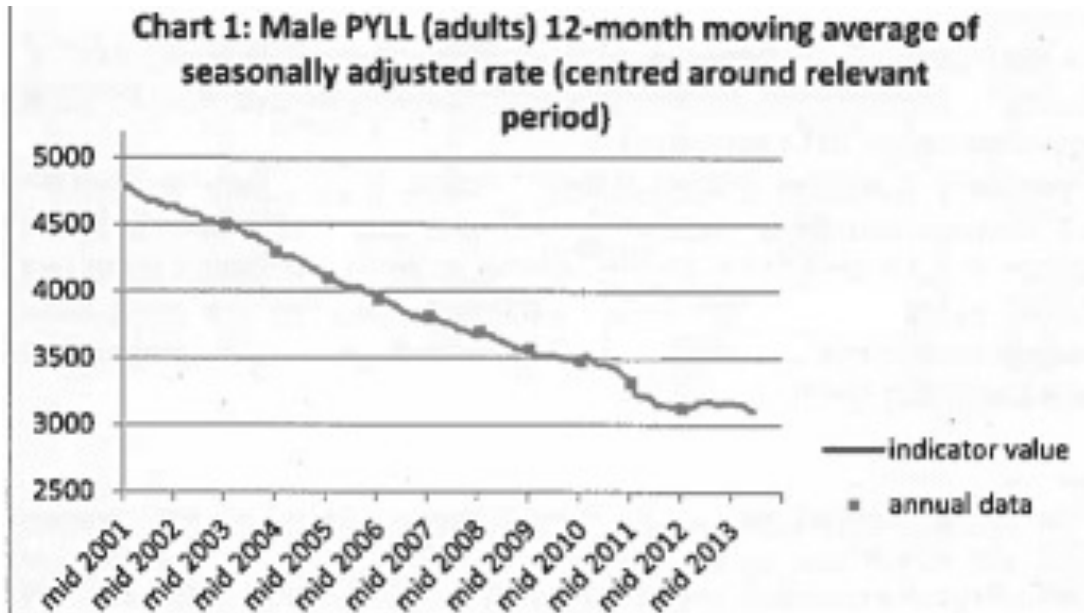


Evidence is beginning to surface of the possible health effects of the rapid social polarisation that is taking place in the UK. This evidence is often hidden, or at the very least hard to find, but it will soon emerge more fully into public debate: there has been a stalling in one of the key official indicators of health improvement in the UK in recent years.

We quickly become acclimatized to change. In September 2015 I talked in York about the issue Of school teachers becoming servants – people who Could not have children in some parts of the UK due to housing prices. Last week I talked to a wealthy man in Oxford who expressed pity for the junior doctors who were treating him – who had to rent from him.

*I said and wrote this 4 months ago and it already feels dated:* There is no way that everyone can be rich. Only 1% of people can be in the best-off 1%. As the UK becomes more unequal the future for many young people is a life working in service for the rich. This will include working in job such as teaching in the South East of England where the pay is now (relatively) **too low to allow someone to rent a home in which they could start a family**. Will medicine be the next to suffer? If we are heading back to the past have we only ourselves to blame? Or is a more equitable future still possible, and how?





The NHS has stalled on progress on its highest priority target – to reduce premature death from preventable causes – possibly for the first time ever.

<http://www.dannydorling.org/?p=4909>

“Declining health outcomes, rising health inequality and extreme economic inequality” 2/10/2015

# Geography is needed because so much is going on at the same time...

One key indicator concerns Potential Years Lost of Life or early mortality, among men. During late 2015 it also emerged that there had been a rapid rise in mortality due to drug poisoning in England. Earlier deaths of elderly women had risen in absolute terms and life expectancy fell for that group in the UK.

However overall life expectancy in the UK rose as immigration rose and more healthy migrants arrived. How can we begin to try to understand all this in a context of high inequalities of income and rising inequality in wealth? And where are we heading in terms of future economic precarity and likely health outcomes, including for our mental health?

INEQUALITY AND THE

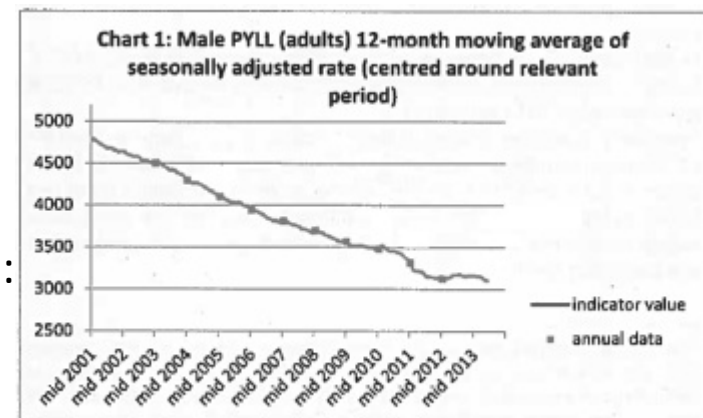
1%

Danny Dorling



- This talk will consider what evidence we have to date of some of the possible health effects of the rapid social polarization that is taking place in the UK.
- Might the rising mortality rates among elderly women who mostly live alone be partly attributed to this polarization?
- What of anxiety and depression levels as measured among the young, and especially for those who can see little future and have in recent years been 'sanctioned' many times, including people whose health is already very poor?
- More questions are raised than answers given, but what we do know for sure is that in many ways we are returning to the social, political and economic divides of the past.
- So what will be different this time and what can we see when we look ahead?

We will see more Years of Life Lost  
Charts like this soon showing stalling  
when 2012, 2013 and 2014 data added:



And more myopia (distant objects blurred), eg:

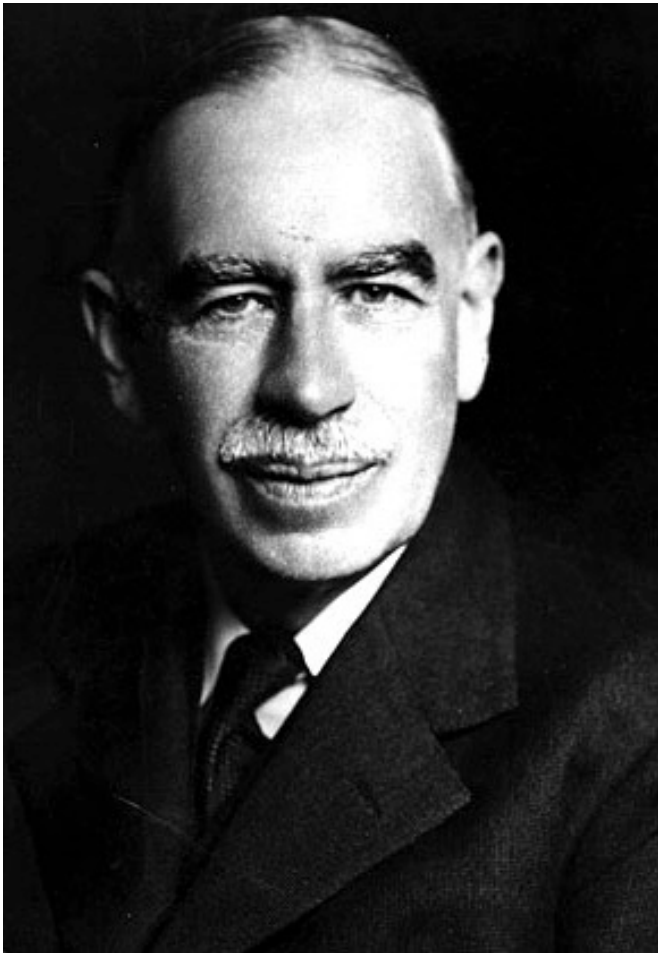
## George Osborne, Budget 2015

“It was the Conservatives who first protected working people in the mills; it was the Conservatives who took a great step towards state education; it was the Conservatives who introduced equal votes for women; it was the Conservatives who gave people the right-to-buy. So, of course, it is now the Conservatives who are transforming welfare and introducing a national living wage. This is the party for the working people of Britain.”

Final ad-lib at end of his speech

# John Maynard Keynes,

## Economic Possibilities for our Grandchildren



“We are suffering just now from a bad attack of economic pessimism. It is common to hear people say that the epoch of enormous economic progress which characterised the nineteenth century is over; that the rapid improvement in the standard of life is now going to slow down --at any rate in Great Britain; that a decline in prosperity is more likely than an improvement in the decade which lies ahead of us.”

(written by John in 1930)

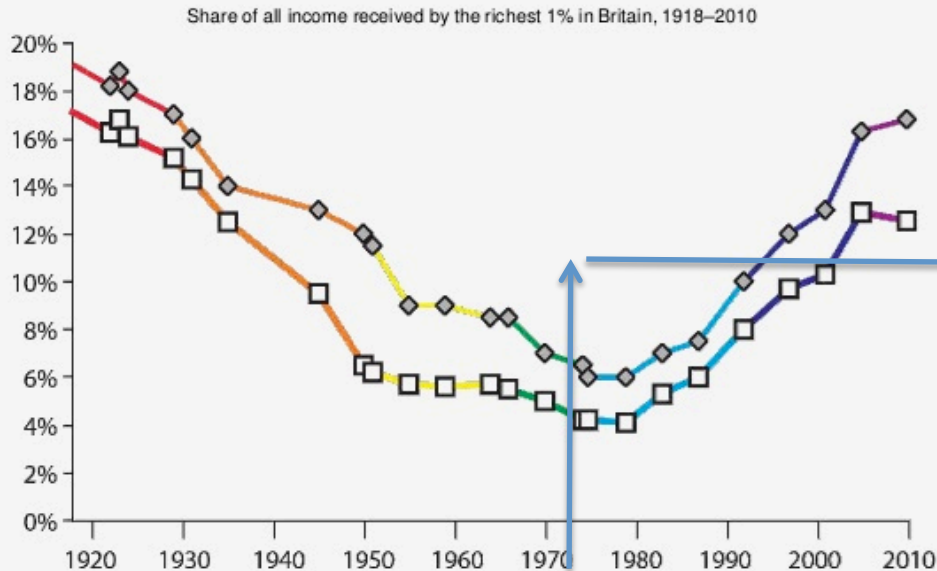
His banking friend, Oswald Falk, told him that for all its veneer of theory, he had simply codified the “....moral feeling of an age”

(clear to Oswald by 1936)



# We're back to 1936 (after tax)

FIGURE 14  
SHARE OF ALL INCOME RECEIVED  
BY THE RICHEST 1% IN BRITAIN



Note: Lower line is the share of all income after tax has been deducted.












Source: <http://www.dannydorling.org/books/injustice/>



But isn't this happening everywhere –  
it's just the 'global race' isn't it?



# How much more do the best-off tenth get a year as compared to the worst?

9.0	Switzerland	
8.2	Belgium	
8.1	Denmark	
7.8	S Korea	
7.3	Slovenia	
6.9	Austria	
6.9	Germany	
6.2	Sweden	
6.1	Norway	
5.6	Finland	
4.5	Japan	



# Some people in some countries tolerate far greater inequalities than others

13.4	Israel	
12.5	Australia	
12.5	New Zealand	
11.6	Italy	
10.3	Spain	
10.2	Greece	
9.4	Canada	
9.4	Ireland	
9.2	Netherlands	
9.1	France	
9.0	Switzerland	



This is the middle of the table and by this measure the Netherlands is in the middle of the table<sup>10</sup>

# And in some the differences have become so great that people find it hard to see each other as people (of equal worth)

Ratio of incomes/consumption of the best-off 10% as compared to the worst-off 10%

17.7	Singapore	
15.9	United States	
15.0	Portugal	
13.8	United Kingdom	
13.4	Israel	
12.5	Australia	
12.5	New Zealand	
11.6	Italy	
10.3	Spain	
10.2	Greece	



# Statistical tricks

## The inequality puzzle

Some measures are more equal than others

- Jul 18th 2015 | [From the print edition](#) of the Economist

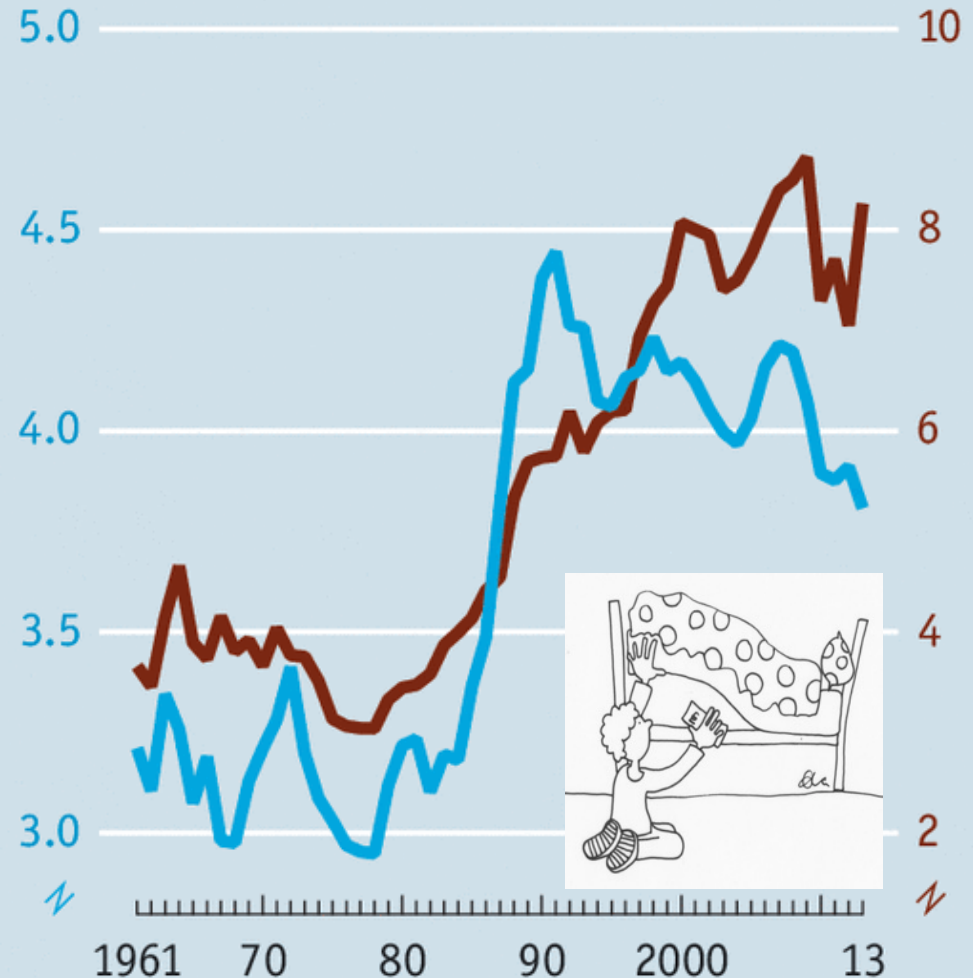
If you ignore 99.9999% of the top 10% then inequality appears to be falling.

David Cameron talks about the blue line and ignores the red one, and that is only of those who pay their taxes!

## Income before housing costs

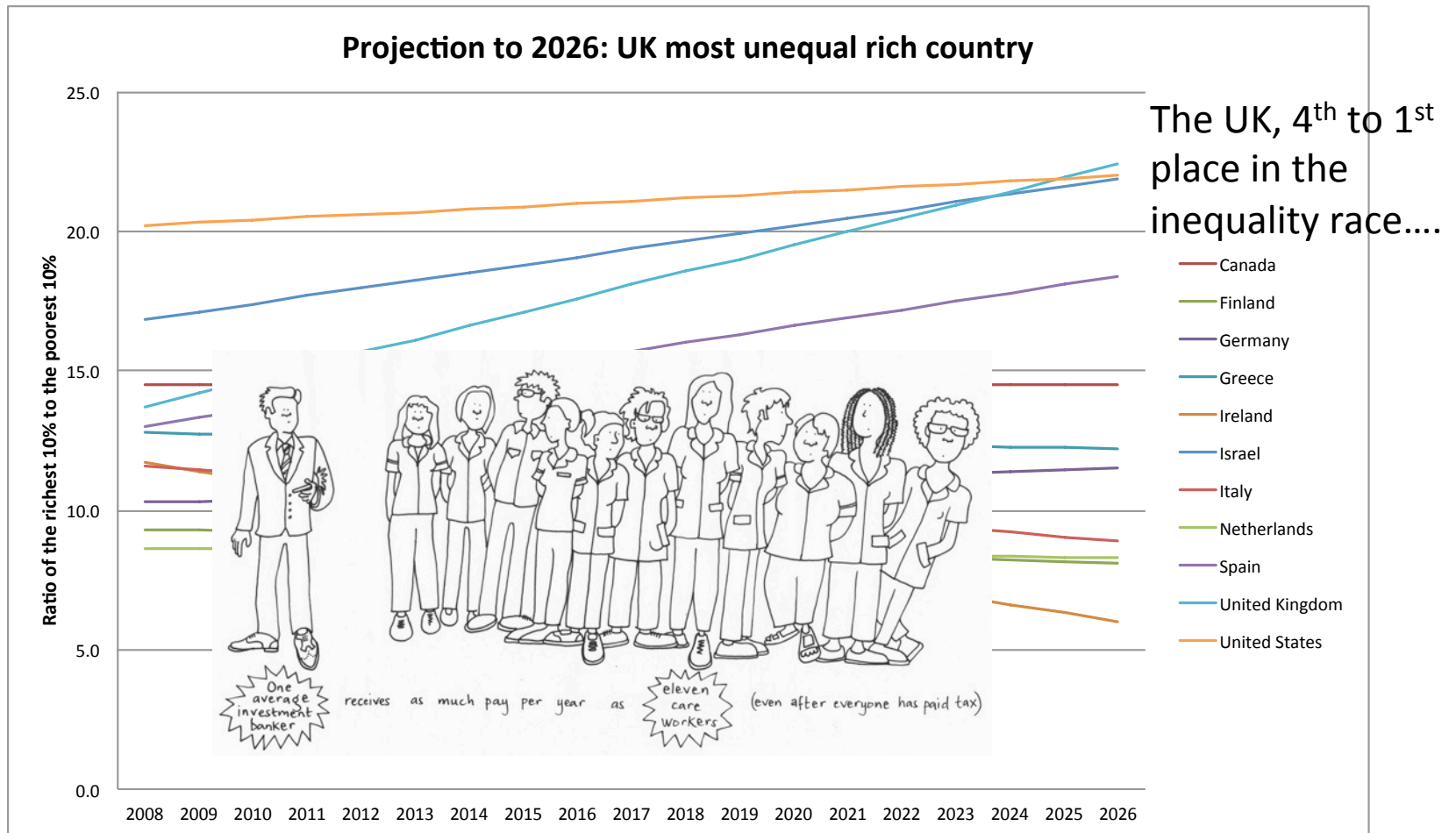
90:10 ratio

Top 1% share, % of total



Source: IFS

# Only 11 rich states have enough data to be able to look at trends over time



The UK is also rapidly heading towards taking 1<sup>st</sup> place in the race towards lowest tax/spend

# Infant Mortality

7	United States
6	New Zealand
5	United Kingdom
5	Canada
4	Denmark
4	Switzerland
4	Australia
4	Israel
4	Germany
4	Ireland
4	Austria
4	France
4	Netherlands
4	Greece
4	Italy
4	Spain
4	Belgium
4	Portugal
4	South Korea
3	Singapore
3	Norway
3	Finland
3	Sweden
3	Slovenia
3	Japan

Country by 2015 (real 90:10 ratio)	Income Inequality
United States	20.3
Singapore	18.5
Israel	17.4
United Kingdom	17.4
Canada	14.5
Spain	13.6
Greece	12.7
Italy	11.3
Ireland	11.1
Germany	10.4
Portugal	10.1
South Korea	10.1
Finland	9.2
Australia	8.8
Netherlands	8.6
New Zealand	8.2
France	7.4
Japan	7.3
Austria	7.0
Switzerland	6.7
Sweden	6.3
Norway	6.2
Belgium	5.9
Slovenia	5.5
Denmark	5.2

Latest WHO infant mortality rates for the richest 25 nations single out four countries.

Three of those four countries are in the top fifth by income inequality in 2015.

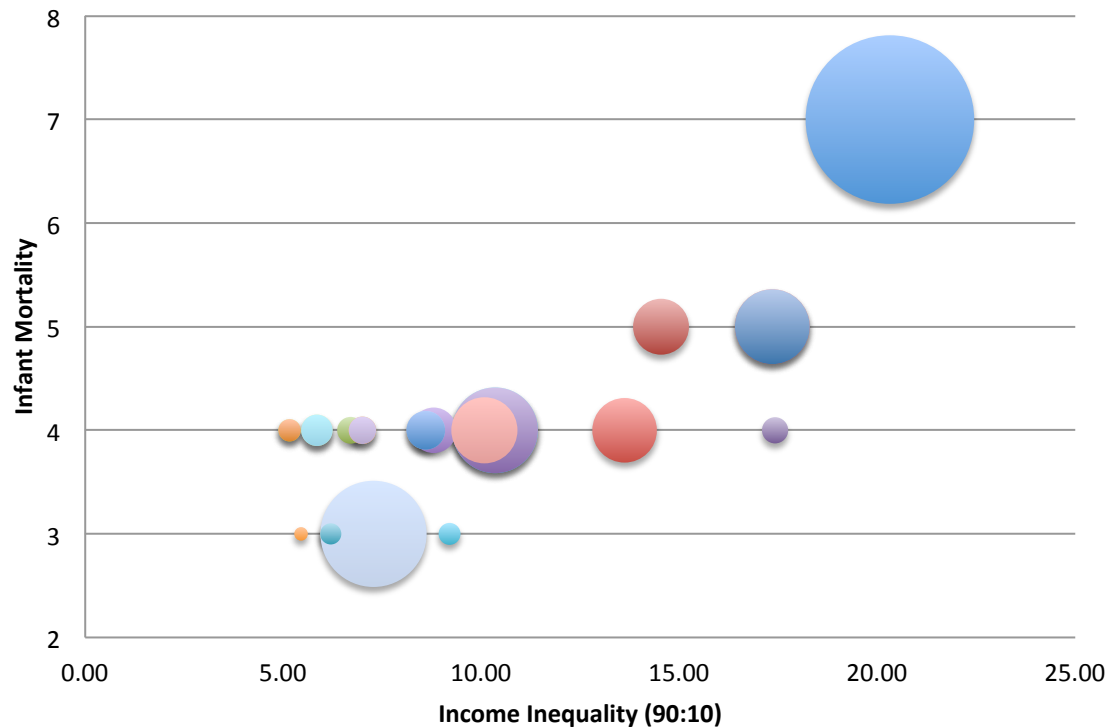
Singapore and NZ may have slightly different stories...



# What is seen as tolerable varies over time and between places



Income Inequality & Infant Mortality



- Canada
- Switzerland
- Israel
- Spain
- Portugal
- Finland
- Slovenia
- Singapore
- United States
- Australia
- New Zealand
- Ireland
- France
- Greece
- Italy
- Canada
- Japan
- United Kingdom
- Norway
- Denmark
- Netherlands
- Germany
- South Korea



# We should be shocked by ourselves

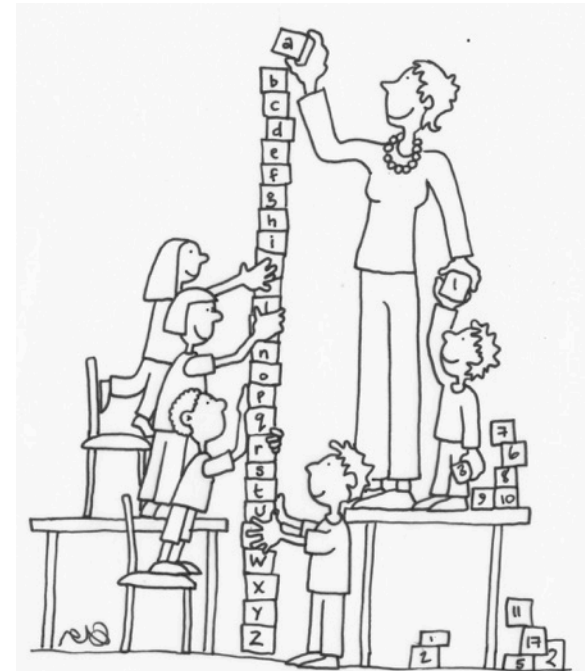
Around 6,000 children die each year in the UK, mostly when very young. In 2014 a paper in *The Lancet* explained that the UK was at the *bottom* of the Western European league table for both infant and child mortality, and below: ‘... countries including Cyprus, Greece, Spain and Portugal and ... more in line with Poland and Serbia than with the high performing countries such as Iceland, Sweden and Germany’



Infant death rates are highest within the UK in the poorest of inner cities and in Northern Ireland. In all of the rest of Europe, only parents in Romania and Malta see more of their infants die.

The UK has the highest level of economic inequality, the widest differences between rich and poor, in Europe.

The best-off 10% in the UK take 28% of national income, a larger share than in any other European country. This gap is almost entirely due to the best-off 1% in the UK taking such a high share.



But we don't see each other as equals,  
as similar, as the same people...

People in more economically unequal countries trust each other less and think of many others around them as less deserving. Lower trust and greater inequality move together hand in hand. It is because of how we organise our society that, for every child born, twice as many children die in childhood in the UK as compared with Sweden. There were no causes of death that were significantly more frequent in Sweden than in the UK. How society is organised affects all causes of death, from infection to congenital malformation, to road accidents

# And we already know all this

- Wolfe, I. (2014) Why the UK has a high child death rate, BBC News, May 3rd, <http://www.bbc.co.uk/news/health-27260371>
- Foster, D. (2015) Can family support reduce Northern Ireland's high infant death rates? The Guardian, March 25th, <http://www.theguardian.com/society/2015/mar/25/family-support-northern-ireland-infant-death-rates>
- **Around half of the 28% is taken just by the best-off 1% in the UK. The UK also has the highest Gini coefficient of income inequality in the Europe (0.351):** OECD (2015) In It Together - Why Less Inequality Benefits All, Paris: OECD, See: Chapter 1, Table 1.A1.1: 'Key indicators on the distribution of household disposable income and poverty, 2007, 2011 and 2013 or most recent', <http://www.oecd.org/social/in-it-together-why-less-inequality-benefits-all-9789264235120-en.htm>
- Offer, A. (2006) The Challenge of Affluence: Self-Control and Well-Being in the United States and Britain since 1950, Oxford: OUP.
- Tambe P, Sammons, H. M. and Choonara, I. (2015) Why do young children die in the UK? A comparison with Sweden, Archives of Disease in Childhood, August 13th, doi:10.1136/archdischild-2014-308059 <http://adc.bmj.com/content/early/2015/07/15/archdischild-2014-308059.full>

# If we cared more we would act

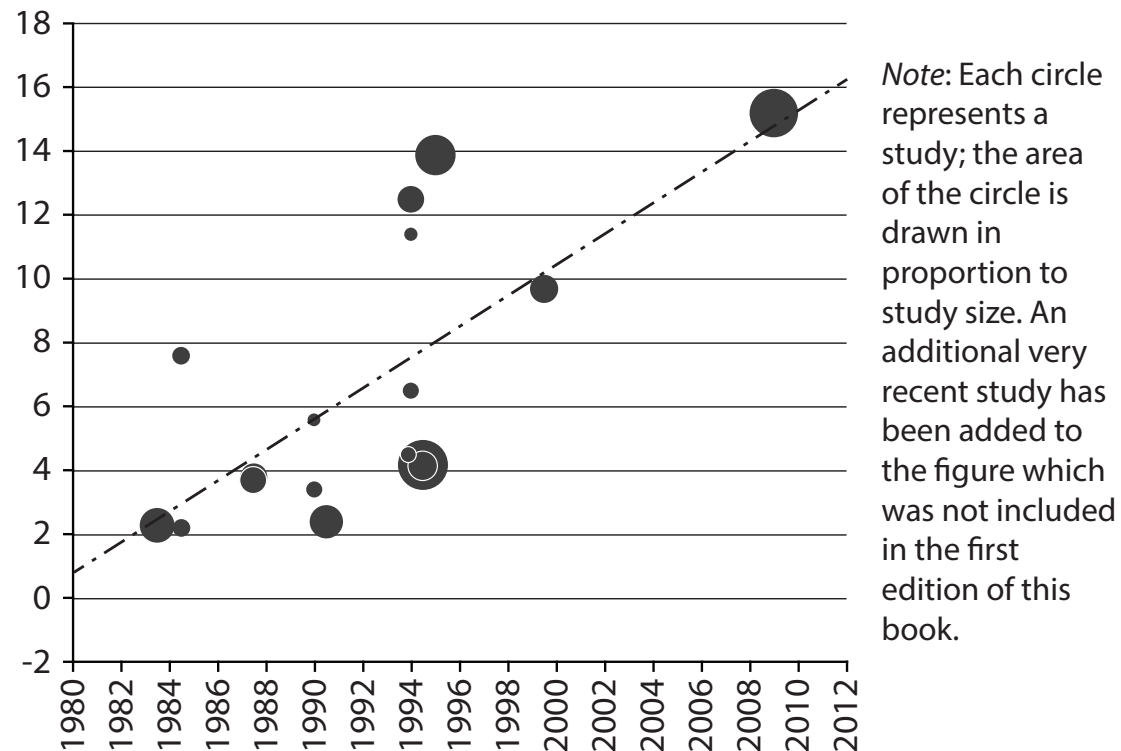
Children in the UK are twice as likely to be killed when crossing the road as compared to those in France, Norway or the Netherlands. None of these individual deaths is 'expected', but the number is very predictable year on year, as is the effect on the surviving family and friends.

Similarly, it is also a devastating shock when people kill themselves or die from drug poisoning or overdoses. Despite recent rises in the figures, these deaths continue to surprise, and destroy, families. Because at any one time the chances of such an event are rare, we tend to discount the overall risk and burden.

We also dislike talking about mental illness. Because of this, as a society, we ignore too much avoidable suffering. Of the 11 affluent countries for which comparable statistics exist, we in the UK are second only to the US in terms of the frequency of mental illness.

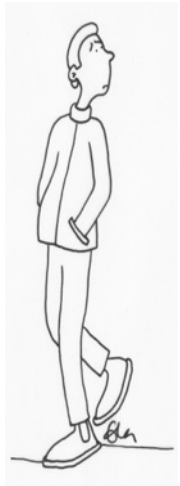
No  
wonder  
rates  
of  
mental  
illness  
are  
rising  
among  
the  
young

**Figure 21:** Adolescent girls assessed as depressed (%) as reported in various studies in North America, 1984–2010



Source: Re-analysis of Costello, E.J. et al (2006) 'Is there an epidemic of child or adolescent depression?', *Journal of Child Psychology and Psychiatry*, vol 47, no 12, pp 1263-71. The data shown above are for those studies where the children lived in the USA, the US territory of Puerto Rico, or Canada. The final study was published in 2012 by Substance Abuse and Mental Health Services Administration (SAMHSA) and based on combined data from the 2008 to 2010 SAMHSA National Survey on Drug Use and Health.

**Studies of depression in adolescent girls in North America, 1984–2010 (see table 7, page 274 of the first edition of this book for details):**



# But isn't it all 'just numbers'....

Of 32 European countries, the UK has the fourth highest rate of drug-induced death amongst those aged 15-64, and that was before recent rises in UK drug-related deaths. In September 2015 it was reported that 3,346 people in England and Wales had died as a result of drug poisoning in the year 2014. This is the highest number since records began, and two-thirds of those deaths involved illegal drugs. There was a 64% increase in deaths involving heroin and/or morphine in England and Wales between 2012 and 2014. That is an unprecedented increase in such a short time. Why do so many more people become addicted to drugs in the UK as compared with many other affluent countries and why is the rate rising now? Deaths involving cocaine rose by 46% over the same period. Figures for 2015 will not be available until late in 2016.

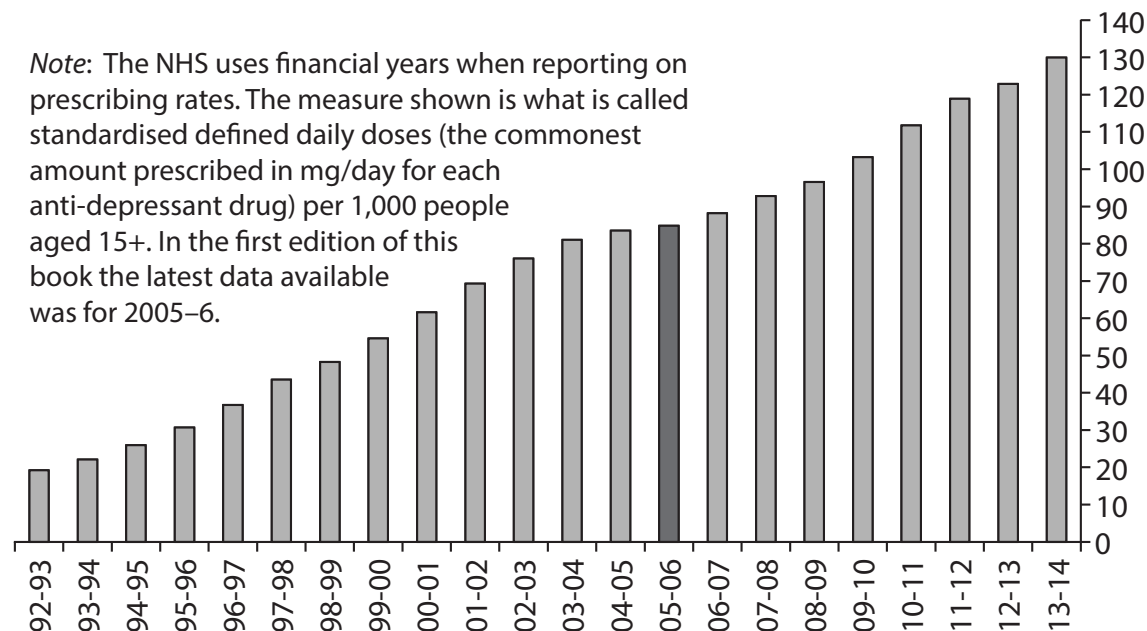




Including  
increases in  
the legal  
taking of  
mind  
altering  
drugs (now  
more than a  
tenth of the  
population)

**Figure 25:** The rate of prescribing anti-depressants by the NHS in Scotland, 1992–2014.

*Note:* The NHS uses financial years when reporting on prescribing rates. The measure shown is what is called standardised defined daily doses (the commonest amount prescribed in mg/day for each anti-depressant drug) per 1,000 people aged 15+. In the first edition of this book the latest data available was for 2005–6.



*Source:* NHS Quality Improvement Scotland (2007) NHS quality improvement Scotland: Clinical indicators 2007, Glasgow: NHS Quality Improvement Scotland, Table 1.1, p. 12. Updated using: *ISD Scotland (2015) Better Information, Better Decisions, Better Health: Data Tables*, NHS Scotland (<http://www.isdscotland.org/Health-Topics/Prescribing-and-medicines/Publications/data-tables.asp?id=1309#1309>)

**Rate of prescribing antidepressants by NHS Board: Defined Daily Doses per 1,000 population (aged 15+), Scotland, 1992–2014:**

	92-93	94-95	96-97	98-99	00-01	02-03	04-05	06-07	08-09	10-11	12-13	13-14
Scotland	19	26	37	48	62	76	84	88	97	112	123	130

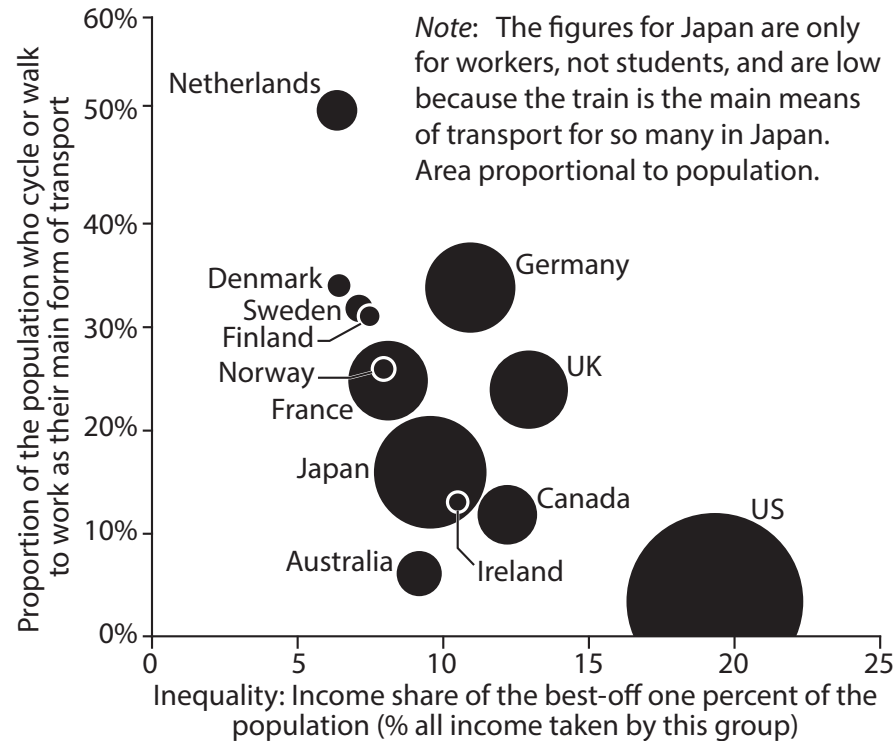
The reaction of the government to the news of rising mortality in 2015 was to say: "...any death related to drugs is a tragedy... Our drugs strategy is about helping people get off drugs and stay off them for good, and we will continue to help local authorities give tailored treatment to users." Yet, at the same time, local authority budgets were being cut, and cut again.

One result has been the loss of much valuable local collective experience of dealing with drug addiction. In November 2015 one local resident of Oxfordshire wrote to the council complaining about the extent of the cuts to local services, saying he could not understand why services were being cut when funding had only had a 'slight fall'. The Conservative leader of Oxfordshire County Council wrote back to him to explain that the fall was £72 million, or 37% of local budgets, and was not 'slight'.

That resident was the prime minister, David Cameron

And we  
need to  
know that  
very  
different  
ways of  
thinking  
prevail,  
both more  
+ve and -ve

**Figure 26:** Healthy behaviour and income inequality, walking and cycling 2006-2010, affluent countries.



Source: Paris Top income dataset figures as accessed in January 2015, cycling and walking for Japan <http://www.tokyobybike.com/2013/10/how-many-japanese-cycle-to-work.html>

**Selected measures of inequality and healthy behaviour – all countries for which data exists on all measures, latest comparable data:**

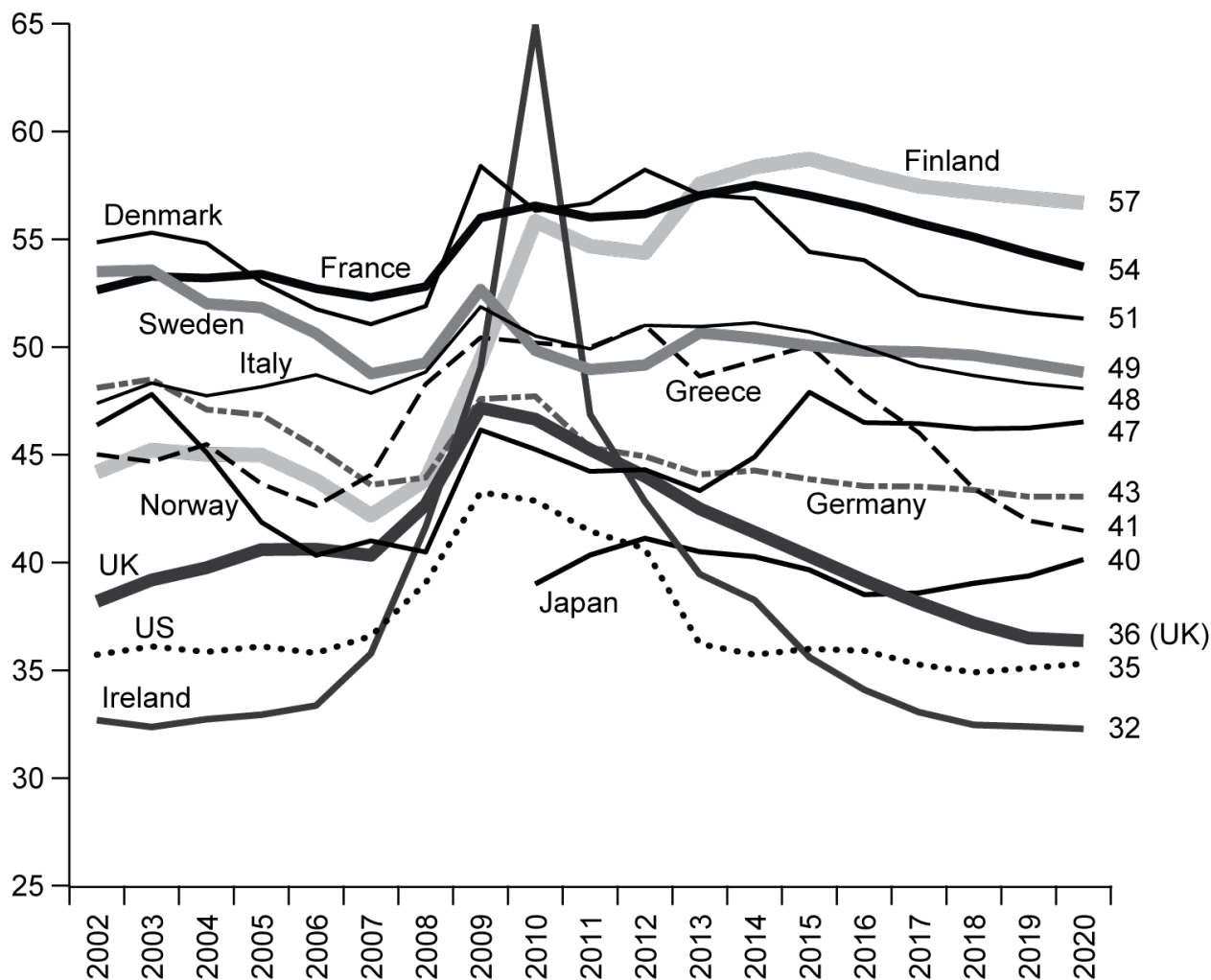
	Top 1% income share	Cycle/ Walk (%)	Popu- lation (mil)	Cycle (%)	Walk (%)	Obesity (%)	Alcohol (litres)	Cigar- ettes	Life expectancy in 2008
Australia	9.2	6	22	1	5	28	10	1034	81.5
Netherlands	6.3	51	17	26	25	12	9	801	80.3
Sweden	7.1	32	9	0	23	12	7	715	81.4

Health spending per person is 49% higher in Germany, 41% higher in Denmark, and 27% higher in France compared to the UK .

It is **twice** as much in Switzerland, 81% higher in Norway, 59% higher in the Netherlands. The UK commits fewer resources than any comparable country to health care.



Figure 2: State spending as a proportion of GDP, twelve rich countries 2002–2020 (%)



Source: The 2010, 2012 and 2015 IMF database, projections after 2014

The Chancellor describes the UK as a high public spending, high welfare spending country.

It is **possible** that he actually believes this to be true.

We need to worry about that possibility.

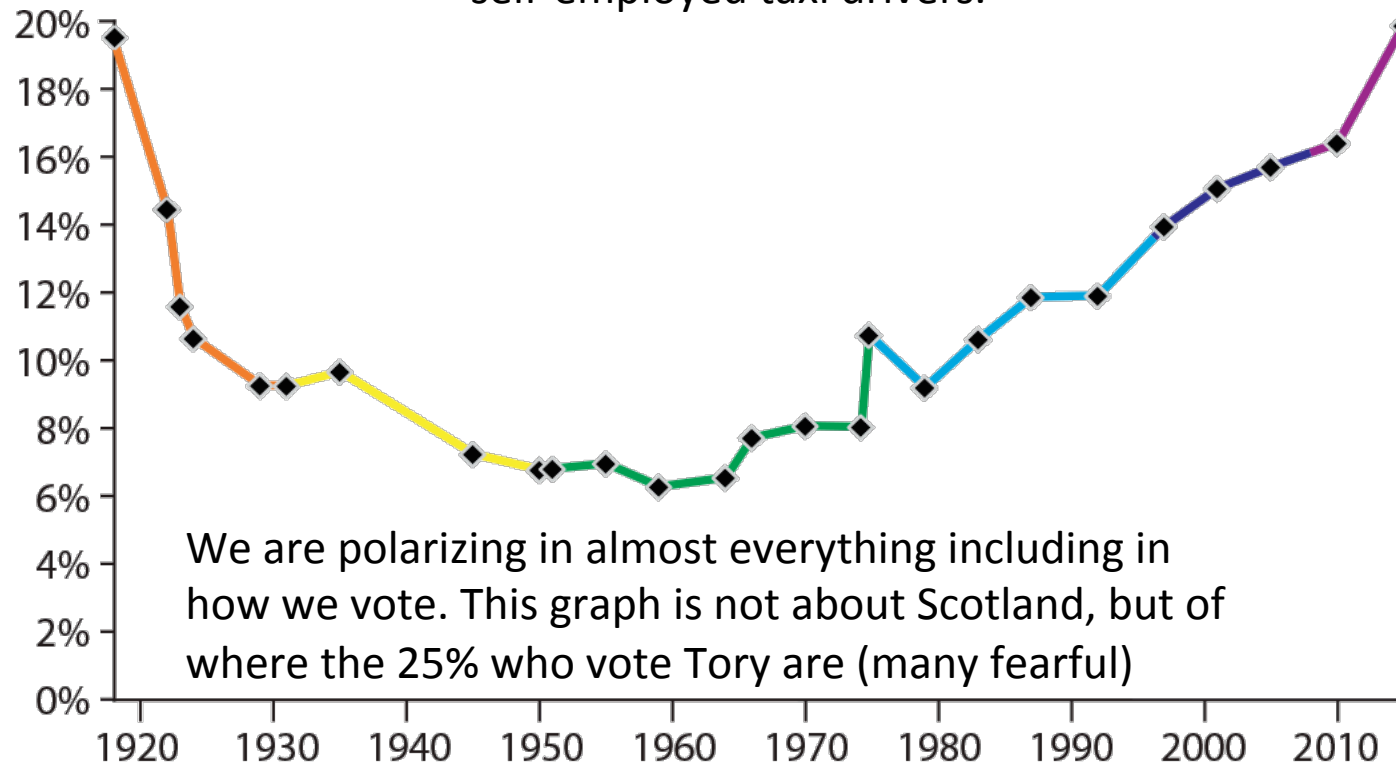
(All data and sources not shown here are in “A better politics” to be published on-line in March 2016)

Our government now aims to get spending down to 36% of GDP; a post-war and European low.

In 2020 Finland is projected to spend 57% of GDP on public services, France 54%, and Denmark, Belgium and Austria will spend 51% on public services, Sweden will spend 49%, Italy 48%, Portugal 47%, Norway 47%, Germany 43%, the Netherlands 42%, Greece 41%, Japan 40%, and Canada and Spain each 39%.

UK Politics are becoming extreme both quantitatively (see below) and qualitatively. Out of desperation more people took jobs with zero hours contracts, or started their own business.

The Royals Society of Arts (and Commerce) reported that people who started their own business were less well paid but happier than those with direct employers. They could have put it the other way round and said that for most employees the experience of having a boss was so bad that despite the slightly greater job security they were more miserable than even self-employed taxi drivers.



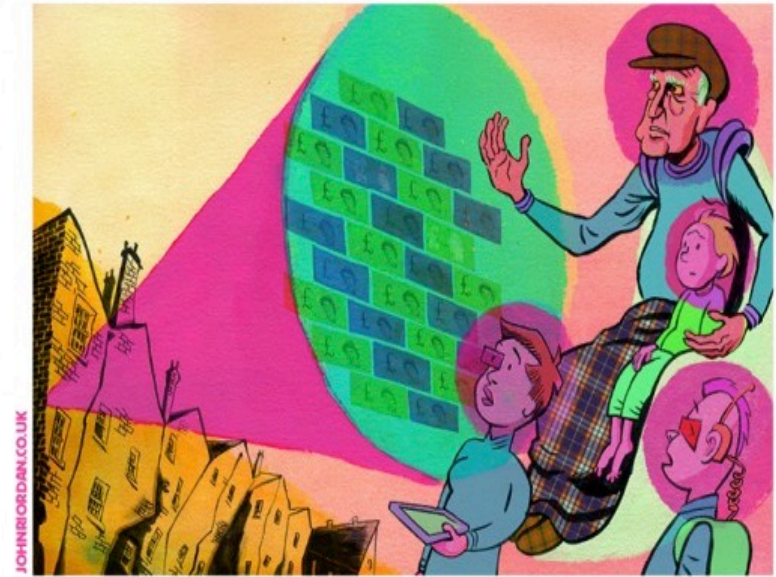
*Note:* The statistic being measured is the segregation index of Conservative votes across all British seats at each general election. The proportion is the minimum number of voters who would have to be moved across constituency boundaries to ensure that within each parliamentary constituency the Conservatives received exactly the same share of the vote.



# This talk began with a quote from Keynes so it ends with one

In 1930 John Keynes looked forward to 2030. He said we were in a “temporary phase of maladjustment [...and that the] love of money as a possession – as distinguished from the love of money as a means to the enjoyments and realities of life – will be recognised for what it is, a somewhat disgusting morbidity, one of those semi-criminal, semi-pathological propensities which one hands over with a shudder to the specialists in mental disease.”

**2030 is still far away. There is time in which to establish that the love of money purely for itself is a disgusting disease, to determine what are the causes and consequences of that disease, and to act on those findings.....**



this small group saw their total wealth rise by £245billion. This was when they rose. Originally this borrowing had been to build houses

