



**New Economics Foundation
Health Inequalities Workshop
Dudley 24 July 2013**

This important groundbreaking event brought together different people with an interest in health and health inequalities including representatives from organisations working with older people, people with alcohol and substance misuse problems, people with mental health problems, and people with learning disabilities. There was an in-depth conversation about the extent of health inequalities across Dudley borough and action that could be taken to deal with them. The day was organised by the New Economics Foundation with help from Healthwatch Dudley and started with some key health information on the borough. It was a mixed picture with some striking health inequalities data. For example, life expectancy is 9.9 years lower for men and 5.7 years lower for women in the most deprived areas and 13,700 children are living in poverty.¹ Almost a third (31%) of young people aged 18-24 surveyed had poor self-reported mental health and for people aged 25-39 emergency admissions for alcohol specific conditions were 722.2 per 100,000 between 2009 and 2012, significantly higher than the average for England.²

I was impressed by the insights that the discussions generated and in particular the focus on the need for coordinated and well thought through institutional and individual action to deal with health inequalities. At the same time, it was recognised that powerful business interests and advertising campaigns promoting low cost food and drink products with high fat and sugar contents disproportionately target families and individuals on low incomes. Government has also backed away from further restrictions on tobacco advertising and the introduction of a minimum price for alcohol. There was a strong feeling that where you are born and brought up is often correlated with a person's experience of health inequalities in childhood and later on as an adult. In turn, your status or class and earnings help to determine what access you get to high quality education, health and other services that will help to ensure that you have a good quality of life. A media focus on the undeserving poor and benefit scroungers was felt to be unhelpful in understanding the root causes of health inequalities. Instead, it would be better to focus on changes in employment that mean there are many more people who are underemployed and in unskilled jobs that are not secure and pay low wages.

In my view it seems as if people are often trapped by a combination of low set horizons, lack of awareness of entitlements, and few opportunities to improve the disadvantaged circumstances in which they live. They are too often satisfied with a level of service that other more affluent and demanding consumers of a service would not tolerate. These feelings was echoed by people at the event who said that they had some choice over what happened in their lives but only from a limited set of options dictated by their status, income and understanding of services.

Rob Dalziel
August 2013

¹ Department of Health: health profile 2012, www.healthprofiles.info)

² Joint Strategic Needs Assessment – Dudley Metropolitan Borough Council