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Commentary

Health impacts of the rising cost of living: reframing the UK narrative

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The full extent of the impact of the rising cost of living on people's health in the United Kingdom will not be known for many years. What is certain is that the economic and health impacts will not be felt equally across society.

The literature is replete with evidence of what to do and where to act to mitigate the effects of financial insecurity on health. But galvanising political attention and action requires an understanding of the determinants and drivers of health. Work in the United Kingdom by the Health Foundation has shown that the wider determinants of health are poorly understood amongst the public – and many decision-makers. Working with the FrameWorks Institute, the Health Foundation has developed techniques to reframe our communications about health and build greater awareness and understanding of the wider determinants of health.¹ Applying these insights will be critical to building recognition of the cost of living crisis as a health crisis and creating support for action.

The cost of living crisis is a health crisis

Poverty and health are closely interlinked, and living in poverty is bad for health.²

On average, men in the most deprived tenth of areas in England in 2018–2020 were living nearly 10 fewer years than those in the least deprived tenth of areas; for females, the gap was nearly 8 years.³ Recent Health Foundation analysis has shown the uneven diagnosis and progression of disease with, on average, a 60-year-old woman in the poorest tenth of local areas of England having diagnosed illness equivalent to that of a 76-year-old woman in the wealthiest tenth of areas.⁴

Living in poverty makes it difficult to afford the building blocks of good health, including good quality, warm homes and healthy food. Constant worry about making ends meet can lead to chronic stress, anxiety and depression.⁵

The Institute for Fiscal Studies estimated the annual inflation rate in April to be 10.9% for the poorest tenth of households, compared with 7.9% in the richest tenth. And Resolution Foundation analysis of the September 2022 fiscal statement finds that while the richest 5% in the United Kingdom will see their disposable incomes grow by 2% in 2023–2024, the rest of the population will get poorer, with the poorest 5% seeing the greatest falls of 9% in their household disposable income.⁶ This is in the context of more than a decade of austerity in the United Kingdom and the resulting stalled life expectancy trends.⁷ The poorest households have experienced – and still face – the greatest economic shocks and the greatest health risks.⁸

The United Kingdom entered the cost of living crisis with high levels of poverty. In 2019/2020, more than one in five of the UK population were living in poverty.⁹ The rates of poverty are higher in children than in any other age group, with one in three (4.3 million) UK children living in poverty in 2019/2020. The immediate and longer term impacts of experiencing poverty at an early age will be profound. Financial insecurity can directly affect children's outcomes through constraints on parents' ability to afford the basics such as food and housing.

Financial insecurity takes away or limits household's choices and may mean they have to prioritise the urgent over the longer term. Consuming a healthy diet in the United Kingdom is more expensive than a less healthy one, and there are socio-economic inequalities in the healthiness of diets.¹⁰ It is not unsurprising then that there are stark inequalities throughout the life course in the incidence and death rates of diet-related diseases, including

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dental decay in childhood, obesity at all ages, and longer term outcomes including preventable cancers and cardiovascular disease.¹¹ A Food Foundation report in April estimated that 2.6 million children aged <18 years live in households that do not have access to a healthy and affordable diet, putting them at risk of suffering from these and other diet-related diseases.¹²

The financial strain caused by not being able to make ends meet can also create parental stress and depression, as well as conflict between parents. This can in turn affect children, compounding mental health problems that have arisen from the pandemic.¹³

The recent Marmot review – *Fuel poverty, cold homes and health inequalities in the UK* – highlights the lifelong health risks to children living in cold homes. With estimates that more than half of all UK households will be in fuel poverty this winter, there is no doubt that there will be significant short- and long-term harms to health that will widen inequalities.¹⁴ Households with children, especially lone parent households, are the most likely to be in fuel poverty. For children and young people, living in cold homes is associated with multiple health harms. These include impacts on development in the very early years, reduced resistance to respiratory infections, increased risk of asthma and acute asthma attacks, as well as multiple mental health risks. These health impacts, as well as the fact that it is harder to study and do homework in a cold home, can significantly affect a child's education.

Reframing the narrative

Work by the Health Foundation and FrameWorks has found a mismatch between public understanding in the United Kingdom of what influences health (namely, individuals' behaviours and their access to care) and the evidence base on the contribution of the wider determinants.¹⁵ When talking about solutions to health inequalities, attention too readily turns to the National Health Service (NHS) and to individuals' willpower and discipline.

Developed using rigorous ethnographic and communications research methodologies, the Health Foundation's recently published toolkit sets out recommendations for framing public health communications to tell a more powerful story about health that inspires action and change.

1. **Show why it matters:** Lives are being cut short. We need to open communications with inequalities in how long people can expect to live in the United Kingdom and the fact that too many lives are being cut short.
2. **Harness the power of explanation:** Most people do not understand how the world around us shapes our health. We can increase understanding by taking a 'deep-dive' explanation into one of the wider determinants (jobs or housing work well) and by using a 'building blocks' metaphor to talk about the wider determinants.
3. **Show change is possible:** People can feel fatalistic about the possibility of change when it comes to health. We need to show change is possible by building solutions into our communications early and being explicit that we can make a difference.
4. **Use certain arguments with caution:** Part of telling a powerful story is knowing what not to say. The wrong message can decrease support for change, and the toolkit provides guidance on talking about the economic cost of the wider determinants, the NHS and the COVID-19 pandemic.
5. **Use data to strengthen your story, not tell it:** Naked numbers can reinforce unhelpful ways of thinking because people interpret them through their own existing beliefs. Help people make sense of facts and figures by putting them in context.

Galvanising action

Drawing on this approach, Local Authority Public Health leaders are already working in their places to focus attention and action to mitigate the effects of rising cost of living and support those in the greatest need.

Public Health leaders are also coming together to collaboratively address the crisis. In the north of England, the Yorkshire and Humber Association of Directors of Public Health Network¹⁶ is working on a joint approach to the rising cost of living in the region, seeking to align their planned work with that of Local Authority leaders and Chief Executives. This work recognises actions that could be taken at a regional level that would make a difference and add value to ongoing local work.

The initial joint action plan covers objectives such as government and industry lobbying, sharing good practice, partnering with Yorkshire Universities¹⁷ to research long-term structural solutions and supporting community-led approaches and maintaining infrastructure.

This work attempts to balance short-, medium- and long-term approaches. Short-term activity focuses on income maximisation, making it easier to get help and a compassionate approach to debt and financial resilience training. Other short-term activities include support to local food networks, the faith sector and the voluntary, community and social enterprise sectors.

Examples of medium-term objectives include improving employment opportunities and providing affordable housing. For England, the Local Government Association Cost of Living Hub provides a repository of best practice by councils and local partners.¹⁸

Long-term approaches encourage a sustainable and inclusive approach to growth and economic development in local places, which is underpinned by improvements in health and well-being. These approaches may have the added benefit of addressing multiple challenges facing the United Kingdom. For example, work to retrofit housing and reform transport systems that aims to address climate change can have added benefits to local economies, health and the rising cost of living.

A specific UK example of this is the 10-year Doncaster Borough Strategy "*Doncaster Delivering Together*." This proposes new ways of working that respond to local needs and opportunities and seeks to reduce inequalities and improve population well-being. Structured around six well-being goals, Doncaster's partnership strategy builds on the Borough's recent successes and has taken on board the views of residents, businesses, voluntary and community organisations, schools, healthcare providers, visitors and developers.¹⁹ Short-term activities include developing proposals for the UK Shared Prosperity Fund²⁰ and longer term activities include establishing a Fairness and Wellbeing Commission to take further steps to leave no-one behind.

In summary

The cost of living crisis in the United Kingdom is a health crisis that will hit the most vulnerable in our society the hardest: including people living in poverty and, perhaps especially, children. However, there are solutions. As public health professionals, we need to communicate in ways that help people understand the impact of the crisis and support the action urgently needed.

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Ethical approval

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Competing interests

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