The Health Foundation

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INSTITUTE of HEALTH EQUITY

6
MONEY AND RESOURCES

VOLUNTARY SECTOR ACTION ON THE SOCIAL DETERMINANTS OF HEALTH

CONTENTS

NAVIGATING THIS DOCUMENT

Throughout this document boxes are used to highlight specific information.

Key messages:

In the Executive Summary and at the beginning of each section on the social determinants of health these boxes are used to highlight key points from the research.

Strength of evidence:

At the beginning of Sections 2–9 these boxes are used to highlight the most recent research that examines the strength of evidence relating to links between the specific social determinants and health outcomes.

Example interventions:

A variety of case studies demonstrating action on the social determinants of health are presented in these boxes at the end of each section.

Key terms are identified and explained in these boxes throughout the document

Each section is followed by a number of evaluations and evidence reviews of interventions that address specific determinants of health.

6. MONEY AND RESOURCES

Money and resources – key messages:

People with higher levels of income live longer, healthier lives than those on lower incomes.

Low income and deprivation impact on health across the life course through various mechanisms, including material deprivation, psychosocial pathways, and health behaviours.

Research has demonstrated an increased likelihood of smoking during pregnancy, poorer foetal development, low birthweight, feelings of stress and lack of control, and an increased risk of cardiovascular disease and all-cause mortality, all linked to low income.

Particular groups are more at risk of low income and these include people with mental health illness, people with disabilities, young people, carers and lone parents and some ethnic minorities.

The relationship between low income and poor health is cyclical: low income causes poor physical and mental health outcomes, and poor health increases the likelihood of low income.

There are multiple social determinants that influence the amount and adequacy of people's money and resources. These include inadequate levels of benefits to meet the minimum income for healthy living (MIHL), in-work poverty due to high costs of living and low wages, and high levels of debt. These issues are influenced by the unequal distribution of taxes paid on goods and services by lower and socio economic groups, and the clustering of payday loan and gambling outlets in areas of deprivation.

Payday lenders and betting shops, which can cluster in areas of deprivation, increase the risks of financial difficulties and debt and associated poor health outcomes, including intimate partner violence, emotional and psychological distress, and feelings of lack of control, insecurity, lack of safety, shame and stigma.

Income deprivation increases the risk of debt with at least a quarter of UK households experiencing income deprivation unable to pay specific bills, including mortgages and rent bills.

Strong relationships have been found between debt and: depression and anxiety; poor self-rated physical health, including obesity; suicide; and drug and alcohol abuse.

Strength of evidence: strong

In 2014 a systematic theoretical review was conducted by the Joseph Rowntree Foundation to develop a better understanding of how income and health are related over the life course. 5,795 papers were assessed and 272 papers were identified for in-depth review. The review found that health inequalities are a result of a combination of interdependent pathways, including material, psychosocial and behavioural, which formed a 'complex web of causal factors' that influenced health.[1]

A systematic review and meta-analysis conducted in 2013 reviewed 65 papers relating to the association of personal debt and health and found a significant relationship between debt and mental disorder, depression suicide completion or attempt, problem drinking, drug dependence, neurotic disorders and psychotic disorders.[2]

6.1 Low income, deprivation and health

There is a strong association between income and health, and many health outcomes improve incrementally as income increases.[3] A clear example of this is the impact of income on life expectancy and healthy life expectancy, demonstrated in the Marmot graphs included in the Introduction to this report (Figures 1 and 2 on page 15). Not only do people with higher levels of income live longer, but they live longer in better health.

Links have been found between income inequality and specific health outcomes. For example, levels of adult obesity tend to be lower in countries where there is less income inequality,[4] and rates of poor mental health are higher in countries with higher levels of inequality,[5] as are rates of infant mortality.

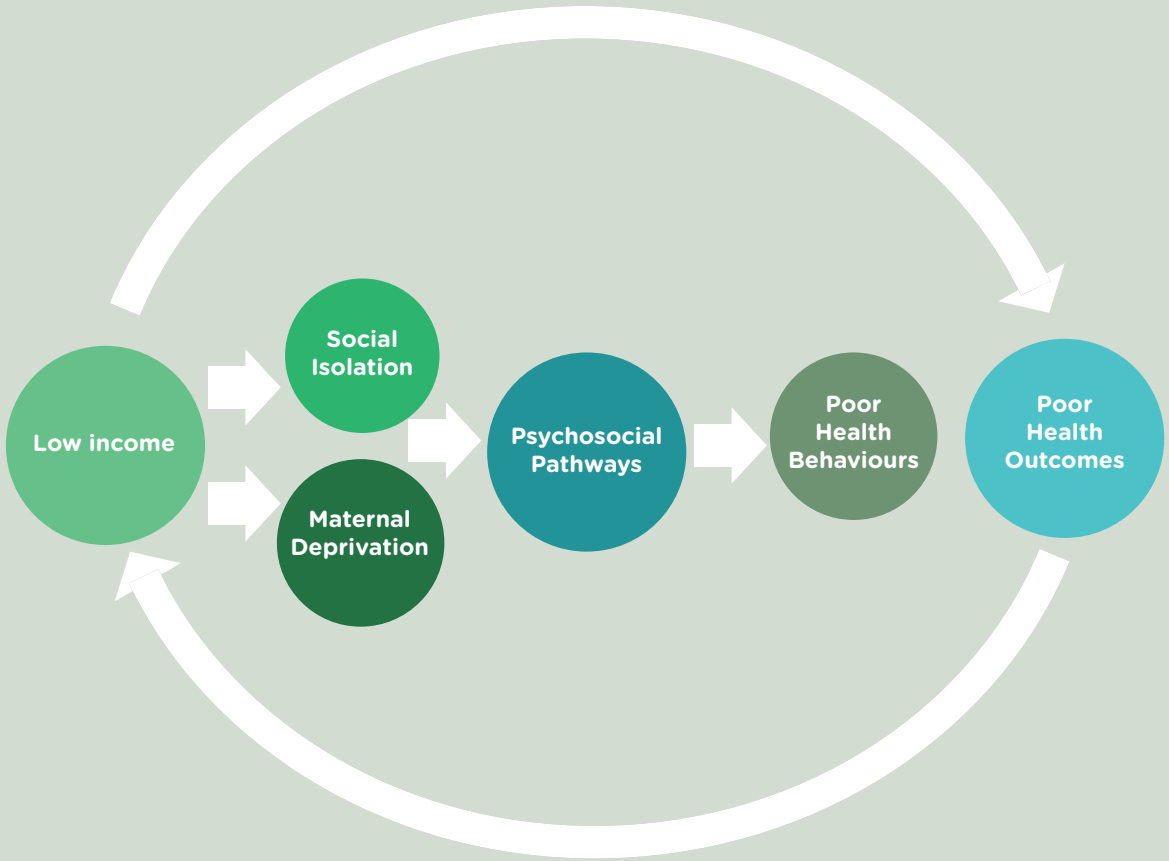
Low income and deprivation have been shown to impact on parental behaviour, child health and wellbeing, levels of social integration and crime rates.[6, 7] For example, women from low-income households are less likely than average to book and attend antenatal appointments and are more likely to smoke, consume alcohol and a have a poor diet, impacting on foetal development and increasing the likelihood of low birthweight.[8]

The relationship between income and health is non-linear, meaning that its impact on health is mediated through various mechanisms, including material deprivation preventing access to essential goods and services, psychosocial pathways mediated through feelings of stress and lack of control, depression and anxiety, and through increasing the risk of poor health behaviours such as excessive alcohol consumption and smoking. Low income can also prevent people from participating in social events and can leave people feeling less worthy or of a lower status than those who are better off.[9] Material deprivation can increase even when income levels stay the same if, for example, the cost of living increases.

Low income resulting in inadequate financial resources and debt is also linked to poorer physical health, including cardiovascular disease and all-cause mortality, with levels of harm mediated through several factors including age, gender, income, family structure and the type and size of debt.[10-12] Particular groups are more at risk of low income and these include people with mental health illness, people with disabilities, young people, carers and lone parents.[13-18] Other groups, such as Gypsy, Traveller and Roma groups and Bangladeshi communities, have low uptake of state benefits.[19]

Importantly, the relationship between low income and poor health is cyclical: low income can cause poor health, and poor health increases the likelihood of low income, as depicted in Figure 1 on page 6.

Figure 1. The cyclical nature of low income, deprivation and health



6.2 Social determinants of money and resources

In England there are gaps between a minimum income for healthy living (MIHL), including the income needed for adequate nutrition, physical activity, housing, social interactions, transport, medical care and hygiene, and the level of state benefits received by a number of groups.[20] For people in work, high rents, low wages and cuts to working age benefits have resulted in 3.8 million working people now living with less than the minimum income for healthy living.[21] The number of people living in poverty in the private rental sector doubled in 10 years, from 2.2. million in 2004/5 to 4.5 million people in 2016.[21]

In the UK 3.7 million children live in poverty – that's over a quarter of all children, and 1.7 million of those are living in severe poverty. Over 63 per cent of the 3.7 million live in a household where someone works.[22]

Additionally, people on low income spend a larger proportion of their money on commodities that attract indirect taxes and pay a higher level of tax than those on higher incomes as a result. VAT is the largest component of indirect taxes and the proportion of disposable income that is spent on VAT is highest for the poorest fifth and lowest for the richest fifth.[23]

Payday loans are loans usually of small amounts of money, over a short term, with a high cost. Although fees and charges were capped in 2015 it is possible to pay up to 1,500 per cent annual percentage interest over a year, compared with an average of 18 per cent on a typical credit card. (Source: The Money Advice Service)

B2 gambling machines allow high stakes (up to £100) to be placed on a bet that takes 20 seconds to provide a result, enabling people to lose large amounts of money quickly

In addition to the broad health impacts of low income detailed above, there is a higher risk of gambling and debt. Areas of high deprivation can experience a proliferation of gambling and 'pay day' loan outlets, and this can have direct and indirect impacts on health.[24-29] People living in disadvantaged communities and in close proximity to areas with a high density of payday loan shops, are more likely to make use of their services. [25]

Betting shops also tend to cluster in some of the most deprived areas and the level of 'B2' gambling machines increased by 51 per cent between 2006 and 2011.[28] B2 gambling machines have a 'statistically significant' association with problem gambling.[29] Some groups are more vulnerable to gambling than others. These include young people, Asian and Black British communities, unemployed people, adult children of gamblers, smokers and those with poor self-rated health.[31]

The harm associated with gambling affects individuals, families and communities and includes:

- Financial harm
- Damage to family relationships (including intimate partner violence)
- Emotional and psychological distress
- Reduced performance at work or study
- Increased risk of criminal activity
- Feelings of lack of control around behaviour or circumstances
- Feelings of insecurity or lack of safety
- Feelings of shame and stigma

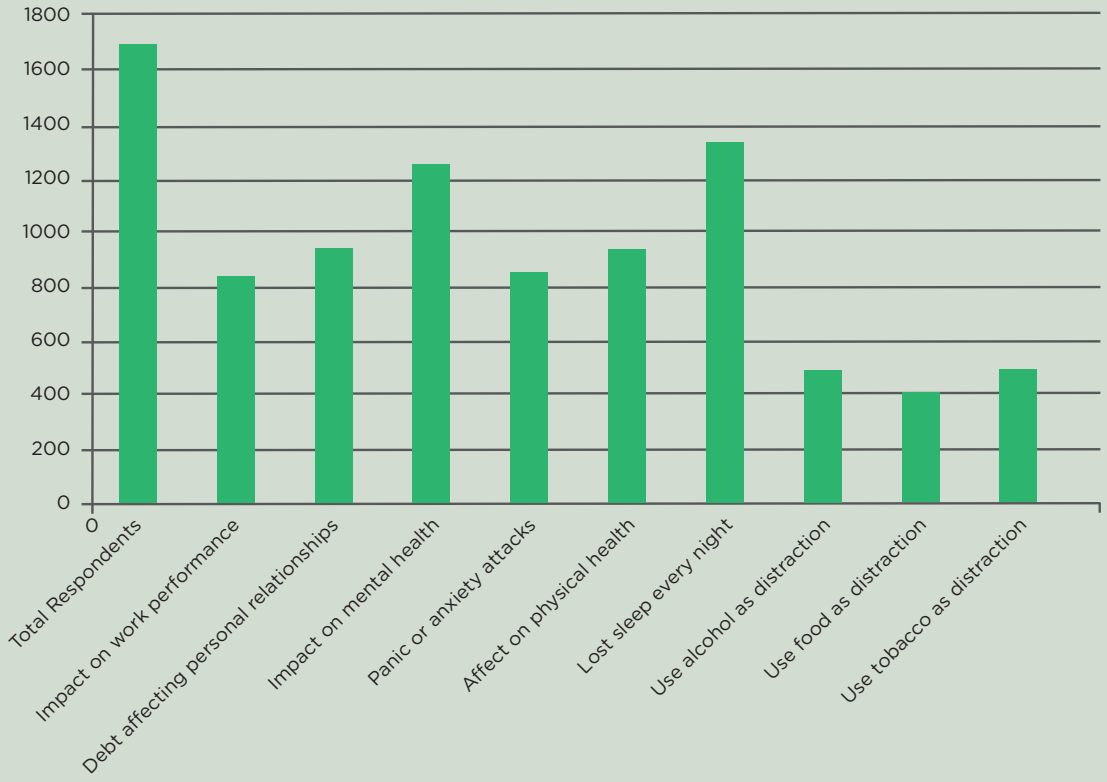
These issues can result in poor health behaviours including poor sleep practices, non-compliance with prescribed medication, more sedentary lifestyles, headaches from excessive screen time, increased blood pressure, diabetes and depression.[32, 33]

Debt

A quarter of UK households experiencing income deprivation are unable to pay at least one bill on time, including rent, mortgages or other loans.[34] A systematic review found that indebtedness may contribute to the development of mental health problems, and that this relationship appears to be bi-directional.[11]

Strong relationships have been found between debt and: depression; poor self-rated physical health, including obesity; suicide; and drug and alcohol abuse.[2] Financial difficulties, including personal debt, have been shown to independently predict an increased risk of depressive symptoms, including suicidal thoughts.[35] Qualitative research completed by Citizens Advice in 2012 confirms these findings, as shown in Figure 2 on page 8.

Figure 2. Impact of debt on health (adapted from figures based on qualitative research undertaken by Citizens Advice, 2012)



6.3 Example interventions – income and debt

Example: Citizens Advice [36]

Citizens Advice provides finance and benefits advice to people experiencing poverty and debt. 37 per cent of Citizens Advice's 2,030 regular outreach programmes take place in healthcare settings. In some areas there is comprehensive financial support delivered in these settings, but in other areas there is none. For example, more than half of Derbyshire Primary Care Trust's GP surgeries have regular Citizens Advice sessions and in 2008/9 it helped more than 2,050 clients to secure over £2 million in additional benefits. Derbyshire PCT estimates for every £1 invested, the project secured £6.50 in additional income.

Example: Macmillan Cancer Support [36]

Macmillan Cancer Support provides information to support people affected by cancer in the process of claiming the money they are entitled to, and so they can manage complex financial affairs. During periods following the diagnosis of a serious illness like cancer, income can become an unnecessary additional worry. A cancer diagnosis frequently results in a drop in income as jobs are lost and savings eroded. Ninety per cent of people affected by cancer in the UK experience a significant drop in income and an increase in daily living expenditure as a direct consequence of a diagnosis and financial concerns can be a significant source of additional stress.

Macmillan Cancer Support also provides other advice and support on a range of issues including employment rights, fuel poverty, prescription charges, hospital travel and insurance in addition to explaining how to access benefits to cover the extra costs experienced with a cancer diagnosis. Services are offered from over 60 benefits advisers in partnership with the NHS, local government, the Pension Service, Citizens Advice and other voluntary organisations across the UK.

For more information see www.macmillan.org.uk/HowWeCanHelp/FinancialSupport/BenefitsAdvisers/MacBenefitsAdvisers.aspx

6.4 Money and resources – further reading and resources

Reducing poverty in the UK: A collection of evidence reviews (2014), published by the Joseph Rowntree Foundation, provides evidence relating to the links between specific demographic and other individual, family and community characteristics and poverty. The review also examines evidence relating to links between poverty and wellbeing, and low levels of benefit take-up, and reviews interventions that are designed to tackle poverty.

Poverty, debt and credit: An expert-led review (2014), published by the Joseph Rowntree Foundation, provides an overview of the impact of problem debt and consumer debt on poverty, and the extent to which poverty results in problem debt and consumer credit use.

Income-related benefits: Estimates of take-up – financial year 2013/14, produced for the Department of Health, looks at the take-up of benefits in the UK, including pension credit, income support and jobseeker's allowance, and provides a summary of factors that may impact on take-up of benefits, including lack of awareness or lack of knowledge around eligibility.

Take-up of benefits and poverty: an evidence and policy review (2014) examines the non-take-up of income-related benefits and tax credits in the UK and how improvements to benefit uptake can contribute to reducing poverty. The report explores recent trends in the non-take-up of means-tested benefits and tax credits and the most significant factors associated with non-take-up. It also explores the impacts of take-up services and campaigns by government and intermediary organisations involved in the delivery of welfare rights and benefits information and advice, and how to support and encourage benefits take-up in new welfare landscapes.

What Works? A review of the evidence on financial capability interventions and older people in retirement (2016), by the International Longevity Centre, reviews the evidence in relation to what works for older people in terms of maximising their income, safeguarding them from fraud, financial planning, managing significant life events, and equity release schemes, and provision of access-to-money guidance tools and services online.

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