UNIVERSITY OF BRISTOL
Townsend Centre for International Poverty Research

SECOND UNITED NATIONS DECADE FOR THE eradication of poverty (2008 – 2017)

Child Poverty in the UK: Can Primary Care Treat Poverty?

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INRICH Workshop : Child Health Inequalities & Inequities
In Industrialised Countries
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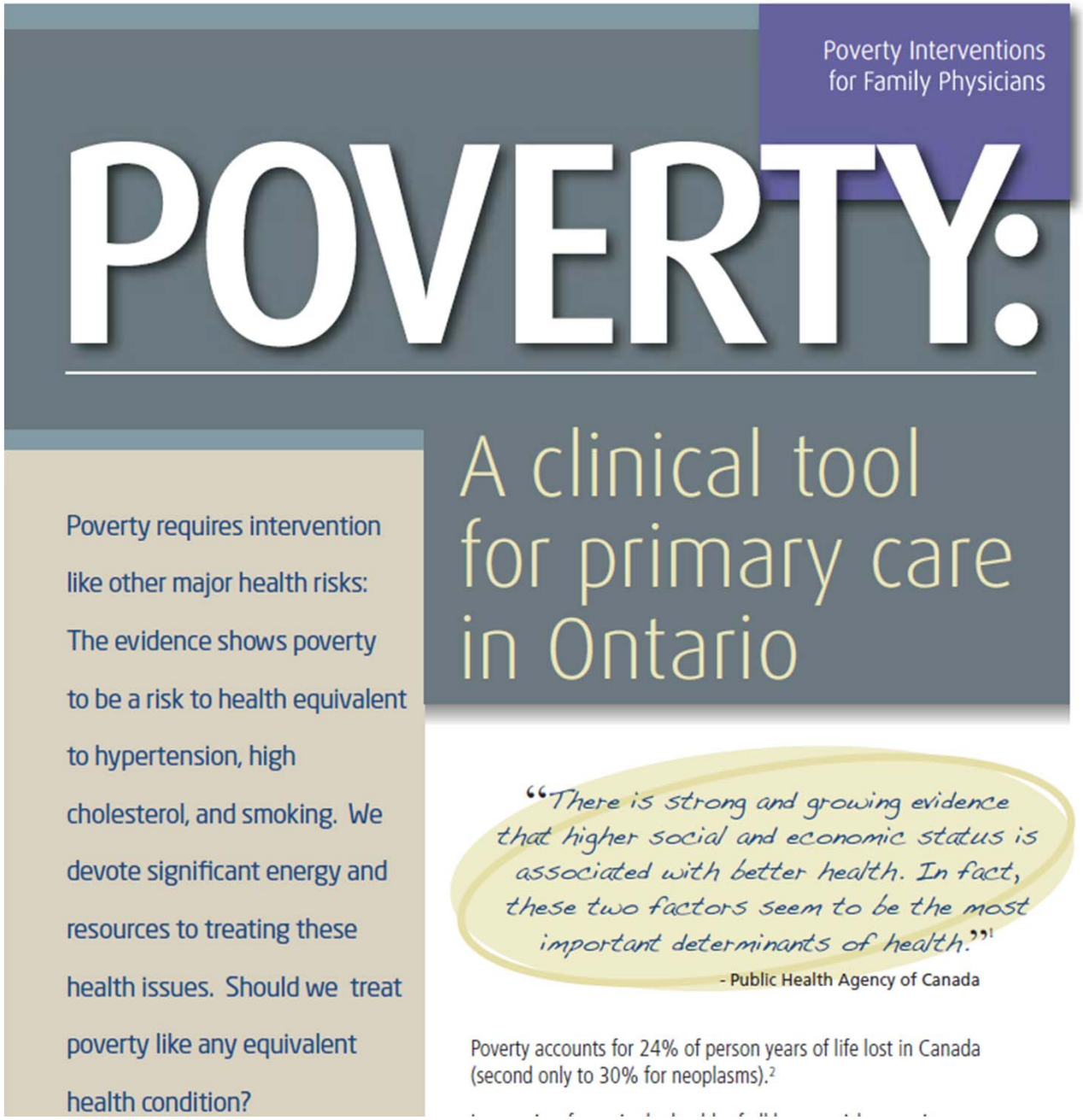
Causes of Inequalities in Health

Mel Bartley in her book *Health Inequality* identifies four main schools of thought for explaining health inequalities;

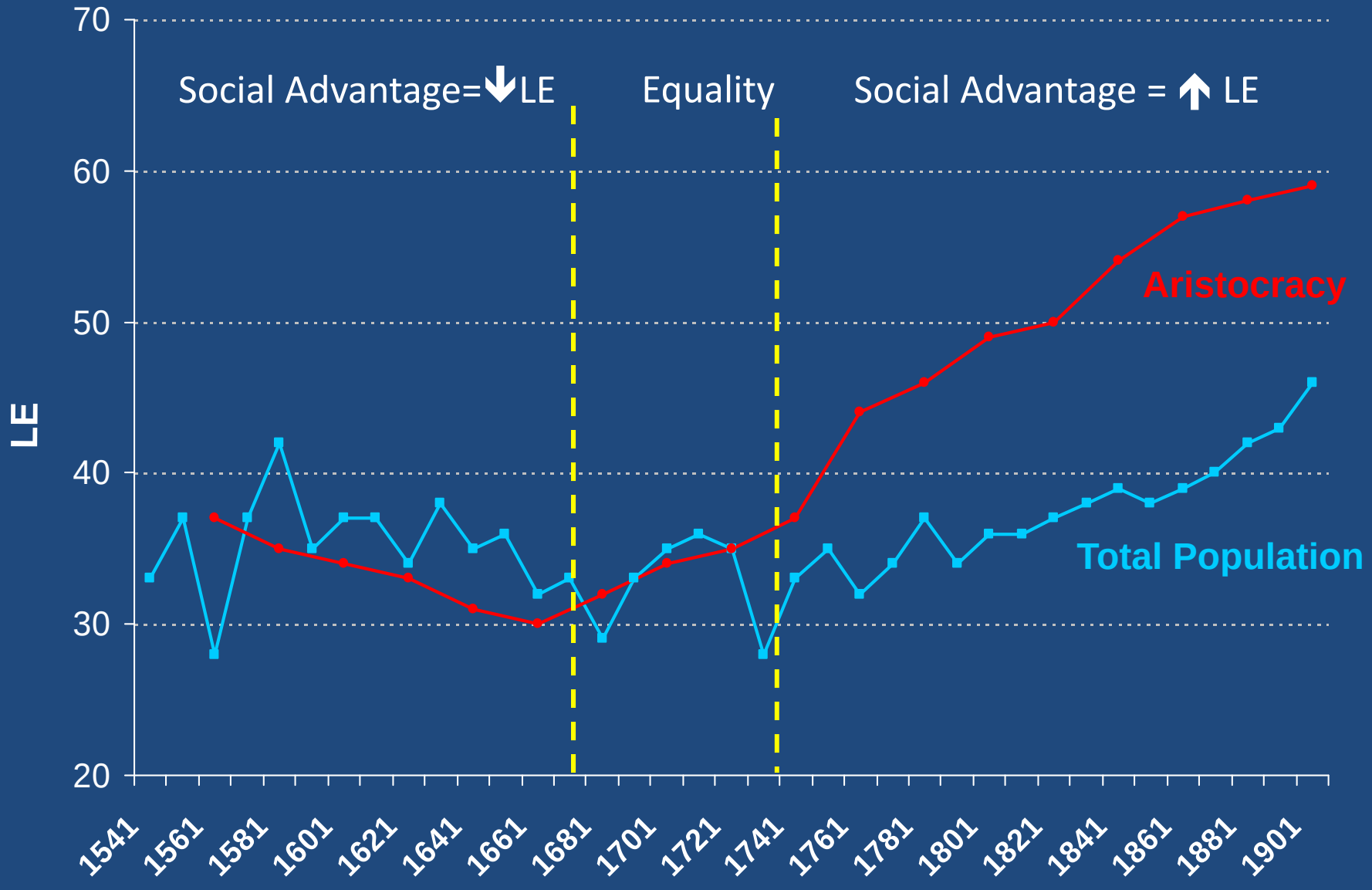
1) Behavioural and cultural explanations (e.g. traditional public health)
2) **The Psycho-social model (e.g. *The Spirit Level*)**
3) **The Materialist Model (e.g. *Black Report*, Davey Smith and colleagues)**
4) The Life-Course approach (e.g. *Black Report*, Barker Hypothesis)

The behavioural/cultural model argues the poor have worse help due to their 'bad' health behaviours. The Psycho-social model argues the poor have worse health as they have more stress. The materialist model argues that the poor have worse health as they live in a worse environment and cannot afford to live healthily. The Life-course approach argues the 'poor' have worse health as they have suffered from deprivation across their life times and particularly in childhood. The Material and Life-course models are complimentary and are often combined.



Developed by Dr Gary Bloch

Life Expectancy at Birth - Britain (1540-1901)



Kunitz, (1987)

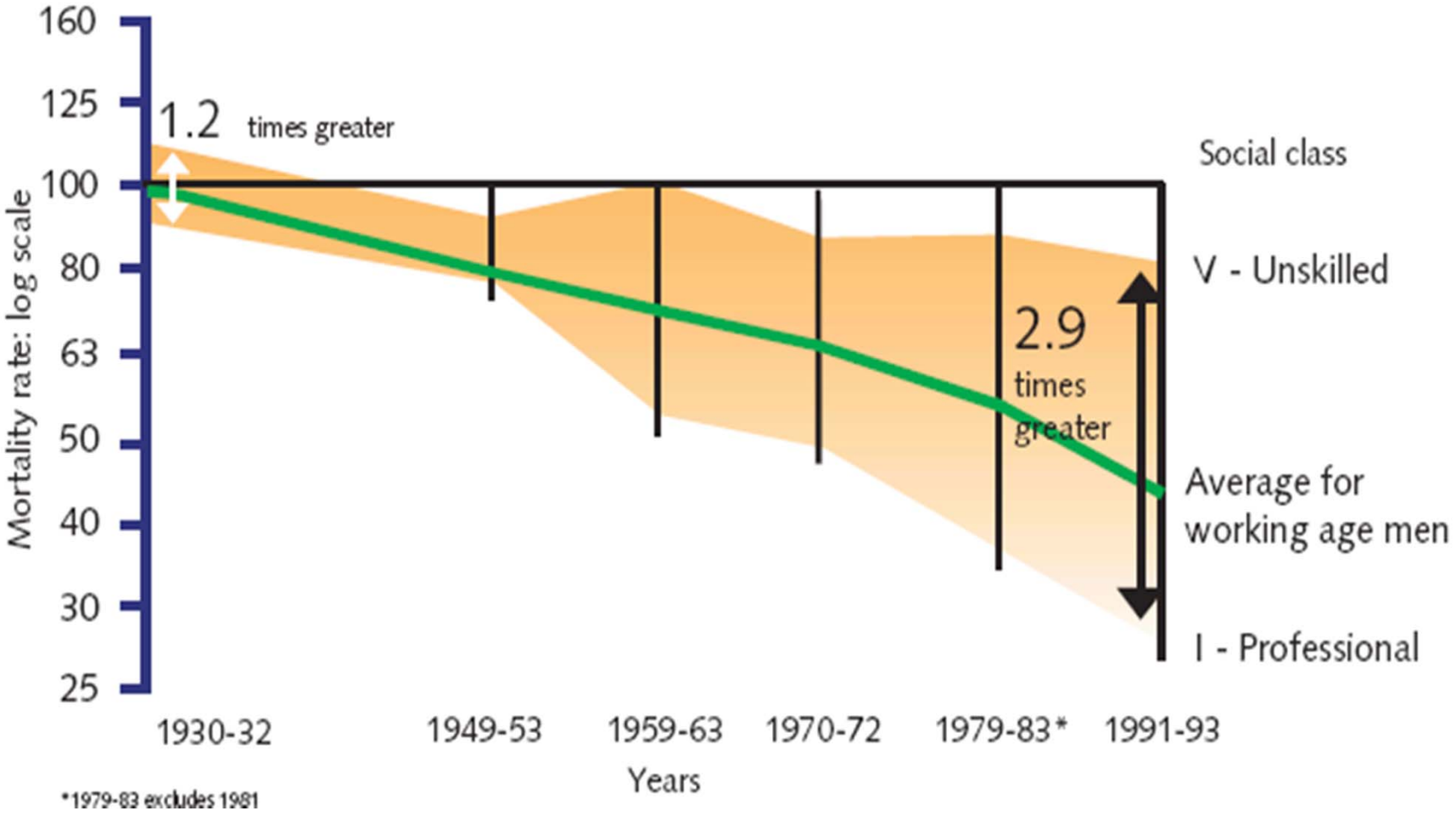
Ten Tips For Better Health – Liam Donaldson, 1999

1. Don't smoke. If you can, stop. If you can't, cut down.
2. Follow a balanced diet with plenty of fruit and vegetables.
3. Keep physically active.
4. Manage stress by, for example, talking things through and making time to relax.
5. If you drink alcohol, do so in moderation.
6. Cover up in the sun, and protect children from sunburn.
7. Practice safer sex.
8. Take up cancer screening opportunities.
9. Be safe on the roads: follow the Highway Code.
10. Learn the First Aid ABC : airways, breathing, circulation.

Alternative Ten Tips for Health

1. Don't be poor. If you can, stop. If you can't, try not to be poor for long.
2. Don't live in a deprived area, if you do move.
3. Be able to afford to own a car
4. Don't work in a stressful, low paid manual job.
5. Don't live in damp, low quality housing or be homeless
6. Be able to afford to go on an annual holiday.
7. Don’t be a lone parent.
8. Claim all benefits to which you are entitled
9. Don't live next to a busy major road or near a polluting factory.
10. Use education to improve your socio-economic position

The Widening Mortality Gap Between the Social Classes



Source: DoH 2003

Male life expectancy, between- and within-country inequities, selected countries

Place	Life expectancy at birth
United Kingdom, Scotland, Glasgow (Calton)[b]	54
India[a]	62
United States, Washington DC (black)[c]	63
Philippines[a]	64
Lithuania[a]	65
Poland[a]	71
Mexico[a]	72
United States[a]	75
Cuba[a]	75
United Kingdom[a]	77
Japan[a]	79
Iceland[a]	79
United States, Montgomery County (white)[c]	80
United Kingdom, Scotland, Glasgow (Lenzie N.)[b]	82

Table 1 Proportion of child health outcomes attributable to social inequities in the UK

Child health outcomes	Percentage potential reduction if all children had same risk as most socially advantaged
Birth weight*	
<2500 g	30
<1500 g	32
Neonatal morbidity†	
Respiratory distress	32
Infection	20
Hypoglycaemia	18
Disability‡	
Cerebral palsy	30
Educational disability	39
Special educational needs	29
Psychological and behavioural problems§	
Emotional disorders	34
Conduct disorders	59
Hyperkinetic disorders	54

Source: Spencer N. Arch Dis Child 2013;98:836–837

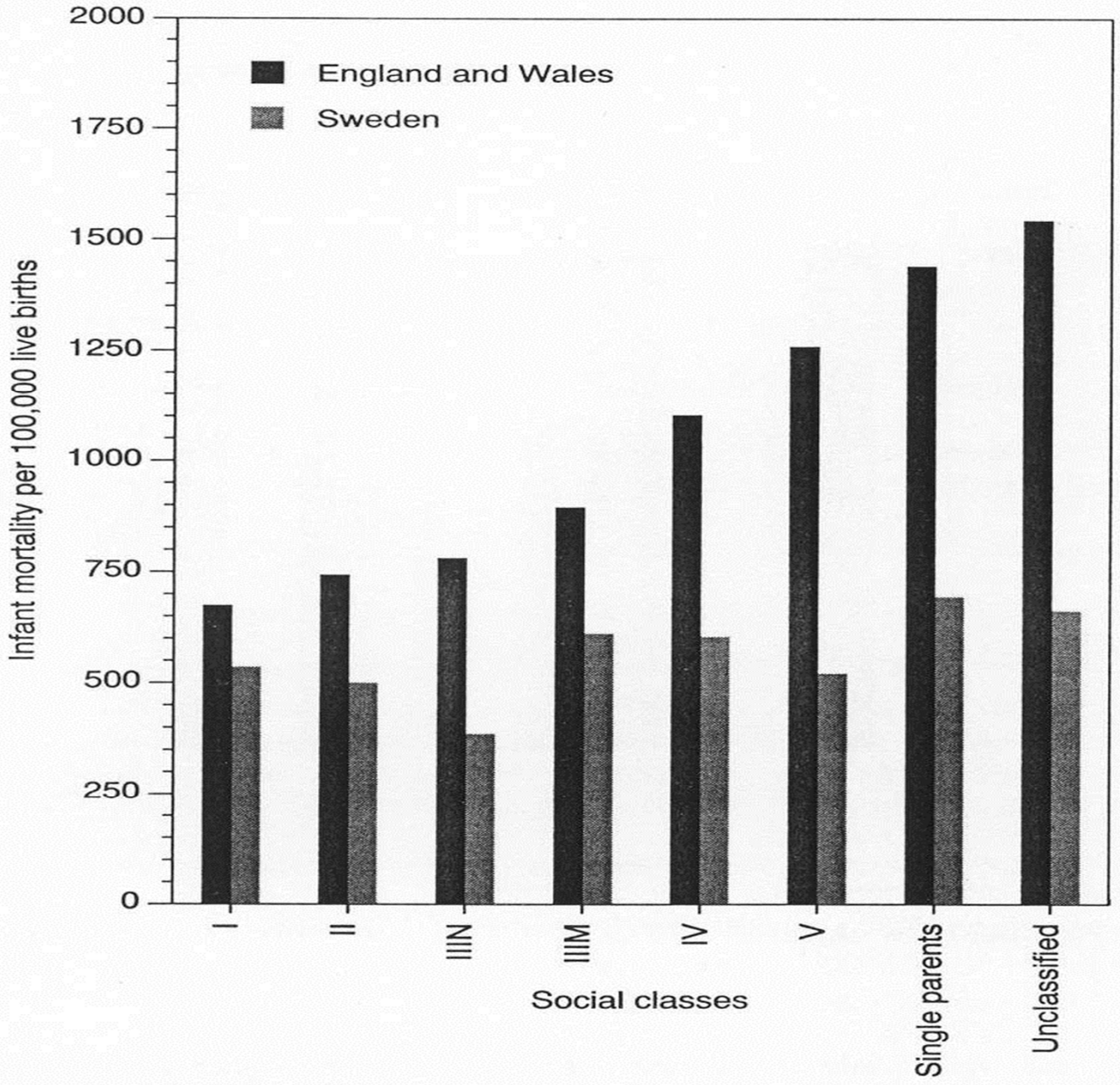


Figure 5.7: Social class differences in infant mortality in Sweden compared with England and Wales
Source: Leon *et al*. 1992

Why has modern medicine failed to eliminated health inequalities in rich countries ?

1) The Rule of Halves

2) The Inverse Care Law

Tudor Hart (2010) *The Political Economy of Health Care*. Bristol, Policy Press

The Rule of Halves

Half of chronic disease is undetected

Half those detected are not treated

Half those treated are not controlled/followed up

Therefore only about 1 in 8 people in a population receive effective medical treatment for their health problems

Diseases subject to the ‘Rule of Halves’

- Type 2 diabetes
- Visual impairment
- Deafness
- Incontinence in older people
- Glaucoma
- Coeliac disease
- Asthma
- Kidney failure
- Psycosocial problems in children
- Vertebral fracture from osteoporosis
- Suicidal depression
- Domestic violence
- Prostatic obstruction
- Heart failure
- Atrial fibrillation
- Schizophrenia
- Follow-up after strokes and coronary heart attacks

Source: Tudor Hart 2007

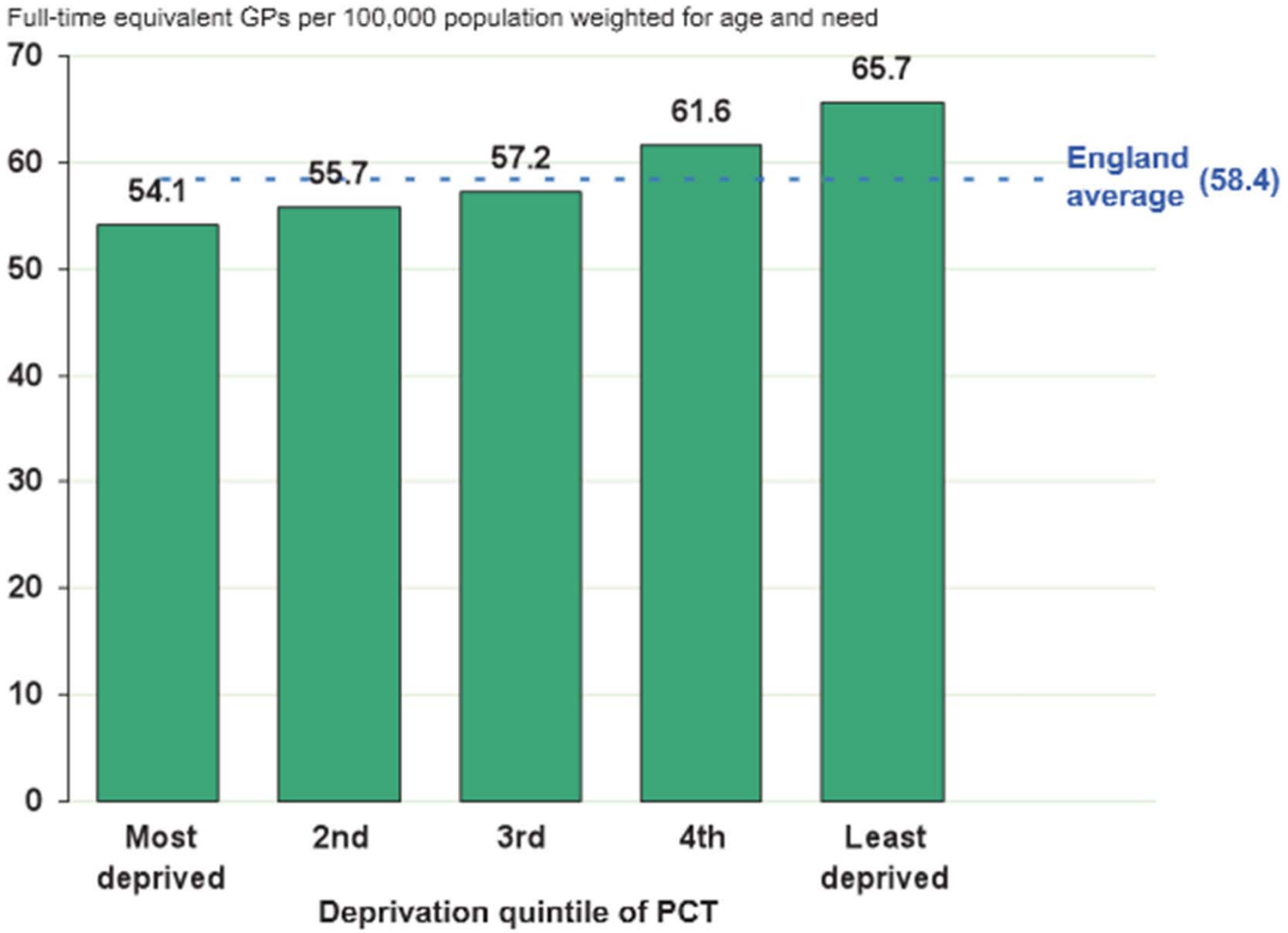
The Inverse Care Law

The term 'inverse care law' was coined by Tudor Hart (1971) to describe the general observation that;

"the availability of good medical care tends to vary inversely with the need of the population served."

The Inverse Care Law

Average number of GPs per 100,000 by area deprivation, 2005



Source: DoH (2009) *Tackling Health Inequalities: 10 Years On*

Three ways to address poverty in primary care: 123

1. SCREEN

Poverty is not always apparent... we can't make assumptions

Poverty is everywhere ... In Ontario 20% of families live in Poverty.[3]

Poverty affects health on a gradient: There is no health poverty line. Income negatively affects the health of all but the highest income patients.[4]

Screen everyone!!!

"Do you ever have difficulty making ends meet at the end of the month?"

(Sensitivity 98%, Specificity 64% for living below the poverty line)[5]

2. ADJUST RISK

Factor poverty into clinical decision-making like other risk factors. Consider the evidence:

Cardiovascular disease:

- Prevalence: **17% higher** rate of circulatory conditions among lowest income quintile than Canadian average.[6]
- Mortality: If everyone had the premature mortality rates of the highest income quintile there would be **21%** fewer premature deaths per year due to CVD.[7]

Diabetes:

- Prevalence: Lowest income quintile **more than double** highest income (10% vs. 5% in men, 8% vs. 3% in women).[8]
- Mortality: Women **70% higher** (17 vs. 10/105); men **58% higher** (27 vs. 17/105).[9]

Cancer:

- Prevalence: **Higher** for lung, oral (OR 2.41), cervical (RR 2.08).[13,14,15]
- Mortality: **Lower 5-year survival** rates for most cancers.[16]
- Screening: Low income women are **less likely to access** mammograms or Paps.[17]

Other chronic conditions:

- Prevalence: **Higher** for hypertension, arthritis, COPD, asthma. higher risk of having multiple chronic conditions.[18,19]
- Mortality: **Increased** for COPD.[20]

Infants:

- Infant mortality: **60% higher** in lowest income quintile neighbourhoods[21]
- Low birth weight: If all babies in Toronto were born with the low birth weight rate of the highest income quintile there would be **1,300** or **20%** fewer singleton LBW babies born per year.[22]

Highest risk groups:
Women, First Nations, people of colour, LGBT.

Growing up in Poverty:

Main conclusions of Galobardes et al:

- Childhood SEP is particularly important for mortality from stomach cancer.
- Childhood SEP was particularly important for haemorrhagic stroke but there was not consistency across studies.
- Childhood circumstances contribute, together with socioeconomic conditions in adult life, in determining mortality from coronary heart disease, liver and lung cancer, respiratory-related deaths and diabetes. The relative contribution of child-versus-adult circumstances varied in different contexts.
- Childhood circumstances may contribute to external (including unintentional injuries and homicide) and alcohol-related causes of death, especially in northern European countries.
- There is no evidence for an association with overall non-smoking-related cancers.

Canada Child Poverty Screen

ASK

1. Do you have trouble making ends meet?
2. Do you have trouble feeding your family?
3. Do you have trouble paying for medications?
4. Do you receive the child tax benefit?
5. Do you have legal or immigration challenges?
6. Do you have a safe and clean place to live?

eloped by Drs Julia Morinis, Leo Levin, Gary Bloch, Lee Ford-Jones and the Social Pediatrics Working Grou

PSE UK

Poverty and Social Exclusion in the UK

Background

Every decade since the late 1960s, UK social scientists have attempted to carry out an independent poverty survey to test out new ideas and incorporate current state of the art methods into UK poverty research.

- 1968-69 *Poverty in the UK* survey (Peter Townsend and colleagues),
- 1983 *Poor Britain* survey (Joanna Mack, Stewart Lansley)
- 1990 *Breadline Britain* survey (Joanna Mack, Stewart Lansley)
- 1999 *Poverty and Social Exclusion Survey* (Jonathan Bradshaw and colleagues) and its 2002 counterpart in Northern Ireland (Paddy Hillyard and colleagues)
- 2012 *Poverty and Social Exclusion in the UK*

Health Affects Poverty¶

¶

[HlthPov] In the past 12 months, do you feel that your health has had an impact on your financial situation? (SHOWCARD J2)→ → → → → → ¶

¶

1. → Not at all → → → → → → → → →	67%¶
2. → Slightly → → → → → → → → →	12%¶
3. → Quite a lot→ → → → → → → → →	10%¶
4. → A lot → → → → → → → → →	11%¶

¶

[PovHlth] Looking back over the past 12 months, do you feel your health has been affected by a lack of money?¶

¶

1. → Not at all → → → → → → → → →	72%¶
2. → Slightly → → → → → → → → →	12%¶
3. → Quite a lot→ → → → → → → → →	9%¶
4. → A lot → → → → → → → → →	7%¶

¶

[HlthExcl] In the past 12 months, do you feel that your health has limited your ability to participate in society? For example, being able to get out and about and meet with people.¶

¶

1. → Not at all → → → → → → → → →	50%¶
2. → Slightly → → → → → → → → →	21%¶
3. → Quite a lot→ → → → → → → → →	16%¶
4. → A lot → → → → → → → → →	14%¶

Poverty Over Time

[LvInPv] Looking back over your life, how often have there been times in your life when you think you have lived in poverty by the standards of that time? (SHOWCARD N1)¶

¶

1. Never	53%¶
2. Rarely	17%¶
3. Occasionally	20%¶
4. Often	8%¶
5. Most of the time	3%¶

¶

[Ask all respondents except those who think they have never lived in poverty: ¶
Lvinpv = 2 thru 5]¶

¶

[PvWhen] Was this during your childhood or as an adult?¶

¶

1. Childhood	29%¶
2. Adult life	43%¶
3. Both	29%¶

¶

Subjective Poverty Questions

[SoLRate] Generally, how would you rate your standard of living? (SHOWCARD 01)¶

¶

1. Well above average	6%¶
2. Above average	30%¶
3. Average	52%¶
4. Below average	10%¶
5. Well below average	2%¶

¶

[Embaras] Have you ever felt embarrassed because you have a low income? ¶

¶

1. Yes	22%¶
2. No	77%¶
3. SPONTANEOUS ONLY: Don't Know	1%¶

¶

[Small] Have you ever been made to feel small because you have a low income? ¶

¶

1. Yes	16%¶
2. No	83%¶
3. SPONTANEOUS ONLY: Don't Know	1%¶

¶

Deprivation Item (Children under 18)	Cronbach's Alpha if Item Deleted
Day trips with family once a month (Children)	.812
Pocket money (children)	.813
Money to save (children)	.813
A holiday away from home at least one week a year (Children)	.816
New, properly fitting shoes (children)	.817
Outdoor leisure equipment, e.g. roller skates, skateboard, football, etc. (children)	.818
At least four pairs of trousers, leggings, jeans or jogging bottoms (children)	.818
Children's clubs or activities such as drama or football training (Children)	.819
A hobby or leisure activity (Children)	.820
Meat, fish or vegetarian equivalent at least once a day (children)	.820
Going on a school trip at least once a term (Children)	.821
Some new, not second-hand clothes (children)	.821
Fresh fruit or vegetables at least once a day (children)	.821
Books at home suitable for their ages (children)	.823
Three meals a day (children)	.823
A warm winter coat (children)	.823
Computer and internet for homework	.824
Celebrations on special occasions, e.g. birthdays, Christmas or other religious festivals (Children)	.824
A suitable place at home to study or do homework (children)	.825

Questions for the Audience

1. Should the UK build on the work from Canada and develop a child and/or adult poverty clinica screening tool for use in primary care?

2. Would such a tool be ethical? i.e. do the advantages outweigh the potential upset/harm?

3. Would it be useful? i.e. improve patient care

4. How should poverty be included in clinical decision making?

5. Should primary carers attempt to help ‘poor’ patients increase their incomes? e.g. benefits advice (Jarman – benefits advice) , Primary Care Social Work…