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The cost of living crisis is another reminder that our health is shaped by our environment

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Cost of living increases are damaging people's health, making the case for a cross-government approach to reducing health inequalities stronger and more urgent than ever.

Last week the Inequalities in Health Alliance (IHA), convened by the Royal College of Physicians (RCP), published the results of polling commissioned from YouGov showing that more than half of British people (55%) feel their health has been negatively affected by the rising cost of living.[1]

Of those who reported their health getting worse, 84% said it was due to increased heating costs, over three quarters (78%) a result of the rising cost of food, and almost half (46%) put it down to transport costs rising.

One in four (25%) of those who said that their health had been negatively affected had also been told that this was the case by a doctor or other medical professional, whether because they no longer had enough to spend on heating and cooking or because of stress caused by the situation.

You may well have seen or experienced this for yourselves. RCP members' experiences include treating a woman whose ulcers on her fingertips were made worse by her house being cold and a patient not being able to afford to travel to hospital for lung cancer investigation and treatment.

I've previously written about covid-19 exacerbating health inequalities—unfair and avoidable differences in health and access to healthcare across the population, and between different groups within society. The links between poor health and social factors such as housing, employment—including how much money you have—and discrimination are well known. The cost of living crisis is another reminder that our health is shaped by our environment. That's why the IHA continues to call for a cross-government strategy to reduce health inequalities, something it's been pushing for since it was established in 2020.

Concerted cross-government action to reduce health inequalities would help keep people contributing to the economy, their local communities, and wider society and reduce avoidable illness, and in the long-run, avoidable pressure on the NHS. But what would cross-government action look like? The measures to tackle the social and environmental causes of obesity provide a good example, or, I should I say, *provided* a good example.

The RCP was deeply disappointed that the government announced a 12 month delay to its own legislation to restrict advertising of junk foods before the watershed and buy-one-get-one-free deals.[2] Obesity costs the NHS £6 billion a year and is a complex problem with social, genetic, and biological factors all at play. Like many public health issues, it requires cross-government solutions—better access to treatment, improved food quality and nutritional education, reduced prevalence of aggressive promotions and advertising which encourage people to eat foods high in fat, sugar and salt, and of course sufficient household budgets to afford a healthier diet.

These recently passed laws were popular with the public, and could have provided another weapon in our arsenal to improve health. The cost of living crisis has been suggested as justification for delaying BOGOF deals, even though research shows that these deals encourage shoppers to spend more not less (it's not clear how they justify the advertising).

We share concerns about rising food costs, but encouraging an unhealthy diet helps no one.

Action on marketing and advertising isn't the whole answer to the obesity crisis—RCP published a paper last year that included the story of a patient with obesity and poorly controlled type 2 diabetes. His family lived in a grossly overcrowded apartment with no kitchen, and he was eating all his meals in fried chicken shops, so housing was also a key factor. Clearly what is needed is strong cross-government action on all the factors that lead to ill-health—but the advertising and marketing restrictions were a key part of that. We urge government to reconsider its delays to these policies.

The Health Disparities White Paper later this year presents another opportunity to commit to act on the social determinants that influence our health, but largely sit outside the Department of Health and Social Care and the NHS. It must lay out plans for a concerted effort from the whole of government to reduce health inequality.

Some people point to the pandemic as an example of a cross-government response to a health issue. We can argue over the effectiveness of that approach but, if it helps, I'll happily borrow from the covid-19 communications playbook: a cross-government approach to tackling the underlying causes of ill health will "improve lives, protect the NHS, and strengthen the economy."

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1   Iacobucci G. Rising cost of living is damaging people's health, says royal college. *BMJ* 2022;377:o1231. doi: 10.1136/bmj.o1231. pmid: 35584818

2   Buse K, Wilding J, Bryant M, Halford JCG, Ralston J. The UK's U-turn on obesity is a failure of leadership. *BMJ* 2022;377:o1285. doi: 10.1136/bmj.o1285. pmid: 35595270