



Our health: the price we will pay for the cost-of-living crisis

A Royal Society for Public Health Report
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Executive Summary

The cost-of-living crisis is a public health crisis. The link between poverty and health has long been established. Prior to the cost-of-living crisis, there was a growing health gap between the wealthiest and poorest people in the UK. With the UK now in a recession and with families shouldering the burden from inflation and energy price rises, we cannot afford to be on the back foot when responding to the consequences of increasing costs on health and inequalities.

As the NHS faces increasing pressures and the UK faces workforce shortages, a public health approach is more important than ever to ensure we stop people falling into poverty and poor health and we have a prosperous UK.



£6 billion

The annual cost of obesity to NHS England [1]



~2.5 million

The number of people not in work in the UK due to ill-health [2]

Millions of families and individuals have been experiencing financial and health insecurity even before the current crisis, but the impacts on our health and wellbeing are now being felt across society more than ever. To gather data and insight into the impact of the cost-of-living crisis on our health and wellbeing now and into the future, the Royal Society for Public Health (RSPH) commissioned a public poll to generate data on current and future concerns about finances, health and wellbeing and who should be responsible for change.

The health impacts of the crisis are cutting across society with 7% of households on an income of £14-21K, and those with an income of more than £48K, both using foodbanks at least once in the last 2 months. This is of grave concern at the population level. Our data shows that huge swathes (39%) of the general population are cutting back on buying fresh produce such as vegetables, with only half (48%) of respondents confident that they can rely on their social and family networks for mental and emotional support this winter. As the financial crisis deepens, we can expect to see changes in spending, leaving people with tough decisions to make about what to spend their money on. Our polling suggests that this will impact on their health now and in the years to come.

Whilst this crisis cuts across society, some groups are going to be more impacted than others. The financial crisis is exacerbating already deeply entrenched inequalities, which will very likely widen the healthy life expectancy gap between the most privileged and socio-economically disadvantaged groups in society.

A worryingly large number of the general public (41%) are concerned that the cost-of-living crisis is already impacting on their physical health. Not surprisingly, this rises when particular groups – those who typically face inequalities and less flexibility with their resources – are examined more closely. For example, 48% of those who identify as an ethnic minority have reduced or cancelled their regular sporting or recreational activities to save costs compared to the general population average of 28%. This is against the backdrop of already extensive inequalities experienced by ethnic minority groups prior to the cost-of-living crisis and the Covid-19 pandemic.[3,4]

Whilst the impacts will be felt the most by those who face the greatest financial pressure, our polling suggests that it is being felt across society as a whole as well as in those wealthier groups we previously had thought of as 'protected'. Not only is the financial crisis going to have short-term health implications, but it also brings longer-term impacts as many find that they are no longer able to afford fresh foods, sporting and recreational activities, to travel to medical appointments, or prescriptions.



% of people who have reduced or cancelled their regular sporting/recreational activities



The public health workforce are key to supporting us all in staying healthy and protecting our future health and wellbeing. They are a diverse workforce, from community health champions to housing support officers, but they are unified in that they are committed to what they do. They address health inequalities and deliver programmes that lead to a healthy, fair and prosperous society. With recent commitment from the government to the NHS workforce, a similar workforce plan for those working across public health is long overdue. The public health workforce is in firefighting mode, trying to keep their heads above water, rather than having the space to think about what they need collectively and how to address the health challenges we face as a nation. However, with the right levels of funding and focus on the development and wellbeing of the workforce, they would be empowered to step-up to these health challenges.

While the results of our poll paint a bleak picture of the years ahead, they also point towards a way forward. The public overwhelmingly support collective action – from employers to local councils, central government, and individuals. Whilst acknowledging the stark challenges ahead, there must also be recognition of the positive role we can all play in taking action to spark positive change.

If we continue to ignore the public health crisis, we will continue to see our health suffer and costs to the UK rise. If we ensure inequalities are addressed and public health takes centre stage, then we will be left with a healthier and more prosperous nation.

In response, we are calling for:

1. Adequate financial support for families and services – targeted support for those most at risk and appropriate funding for local government.

The government must view the expansion of such support as a direct investment into the future health and prosperity of the nation.

2. Champion policy innovation to maximise available supports.

As many in society – including businesses, local authorities and central government – navigate a resource-constrained environment, greater innovation in policy and practice is needed across our entire societal infrastructure.

3. Monitoring the long-term health impacts of the cost-of-living.

Data on the impacts of financial security and wellbeing are crucial to drive the development and delivery of public health support. This needs to be conducted independently and serve the needs of those at the local and national level.

4. Support the public health workforce so they can support us.

The public health workforce is key to the health of the nation. A long-term strategy and collective workforce plan is needed to support and grow the public health workforce. The RSPH have worked on this previously and we would welcome the opportunity to work with others on this going forward.