



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

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# Foreword

This winter is going to be extremely difficult for millions of people. The cost-of-living crisis will have an immediate impact on many households' ability to heat their home, provide sufficient food and socialise. This will affect both physical and mental health in several ways including the established impact of colder environments increasing the risk of cardiovascular events. While the lasting consequences of the cost-of-living crisis have the potential to leave a generation in poorer health than their predecessors, these impacts will be felt unequally and are likely to worsen inequalities in health and health-related activity.

The social drivers of health – those economic and social conditions that we live and learn in – have the greatest influence on our health and they also play the largest part in health inequalities today. There is a 27-year gap between areas with the highest and lowest life expectancy in men across the country and 21-year gap for women; the cost-of-living crisis will have a disproportionate impact on many of those already facing the most adversity. This is likely to worsen these inequalities further, unless targeted and sustained action is taken.

Also of great worry is the impact that ill-health has on economic activity and related inequalities. The public's health is an asset to our economy and wider society. Worsening public health could see increasing numbers of people living in poorer health for longer, impacting their ability to work, look after others and help to grow the local and national economy. With the current financial crisis set to last, it is



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crucial that we understand how our health and wellbeing are being impacted now and in the future, so that effective solutions can be developed. RSPH will convene partners across the breadth of public health to play our part in finding collaborative solutions.

This report marks the beginning of RSPH's programme of work on the impact of the cost-of-living crisis on the public's health, inequalities and tractable ways to alleviate this. This programme of work is a core part of RSPH's new strategy that has three core principles, all of which are woven throughout this report: everyone can improve the public's health; inequalities – and their societal impacts – matter; and an empowered public health workforce is crucial to unlocking health and prosperity in communities across the UK.

# 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.

# The cost of living crisis and public health: where are we now?

The cost-of-living crisis continues to worsen. Over the last year, average food and petrol prices have increased by 15% and 30% respectively.[5,6] Household energy prices rose by 54% in April 2022 alone,[7] and the average fixed price two-year mortgage rate now stands at 5.75%. [8] Whether you look at individuals, households, communities, businesses, or public sector organisations, almost everyone is concerned about the financial impact the cost-of-living crisis is having on them. Charities, businesses, MPs, and individuals have all been sounding the alarm on who is at most risk, the ways and extent to which they are suffering, and what needs to be done about it. One thing however is clear, the impacts of the cost-of-living run far deeper than energy bills and food prices alone.

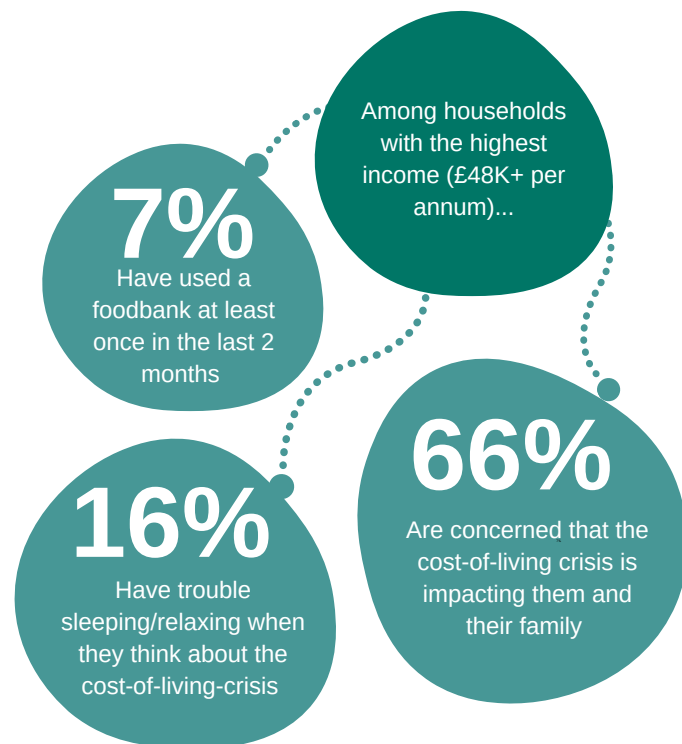
To understand how the financial crisis will impact the health of the nation, the RSPH commissioned a poll to establish the public's current and predicted future levels of financial stress, the wide health implications of the cost-of-living on households, and who the public believe is responsible for sparking positive change. Yonder conducted an online poll with a sample of 2,081 UK adults aged 18+ between 26-27 September 2022. Data is weighted to be representative of the population of the UK.



# Inequalities matter

## Almost everyone is feeling the negative effects of the cost-of-living crisis.

For the past 20 years, around 1 in 5 people in the UK have lived in relative poverty, which has negatively impacted their health. [9] In the face of a cost-of-living crisis, we are seeing these groups under even more strain and, in addition, those groups we might have once assumed had a financial buffer now being impacted. For example, our poll highlighted that among households with an annual income of £14-£21K and households with an income of £48K+, the same percentage (7%) have used a foodbank at least once within the last 2 months.



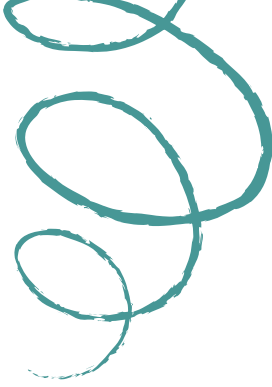
**Inequalities are likely to get worse.** Some groups in society are already – and will continue to be – more impacted by the cost-of-living crisis. Our research shows that compared to the nationwide average, groups who are on a low income, live with disability, are a parent, or are middle aged are more concerned about the cost-of-living crisis, making more cutbacks that will impact their health and wellbeing, and have fewer social and financial resources to draw on for support.

### Differences between general population and middle aged parents on a low income and living with a disability...

	Among the general public...	Among middle aged parents who are on a low income and living with a disability...
Are concerned that that the cost-of-living crisis is impacting their physical health	41%	87%
Are confident that they could rely on friends, family, and their community for mental/ emotional support this winter	48%	25%
Have cut back on buying fresh, but typically more expensive, foods such as meat, diary and vegetables	39%	65%



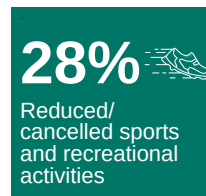
# We could be on a downward health spiral



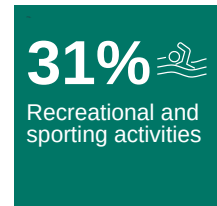
With drastically increasing energy and food bills, many are already making significant financial changes to keep homes warm and food on the table, but are concerned about how they could make further savings without cutting back on essentials. As the public continue to be squeezed, we will see many priced out of being able to make choices that support healthier living, such as affording to do sports and recreational activities or buying fresh produce like meat, dairy and vegetables.

This will have a huge impact on the wellbeing of the UK as a whole and, as we are likely to be in financial crisis mode for some time, the serious cutbacks and changes people are already having to make are likely to persist into the future, with severe long-term health consequences. For example, a shift towards more unhealthy diets and less frequent exercise could contribute to a population-level rise in diseases such as obesity, type 2 diabetes, cardiovascular disease, and some cancers.[10]

% of the public who are already making cut backs (Sept 2022)



% of the public who are concerned about how they will be able to afford the following this winter



**This matters for our health but also for the UK's financial resilience.** Firstly, as the NHS faces colossal health system challenges, including backlogs and workforce shortages, it will be put under even greater financial and service delivery pressures. Secondly, the likely future increase in ill-health will impact productivity and financial security.[11] Our poll results highlight that the middle-aged bracket is hard-hit by the cost-of-living crisis, and this is typically a crucial group in terms of economic activity.

# Collective action is needed

**The public are running out of options to support healthy living.** Respondents who have more financial resources than others were more likely to highlight the importance of individual responsibility. However half of the general population are reaching the end of the road in terms of what they can directly control without cutting back on essentials, with dire and long-term implications for public health and economic productivity.

To ensure we are all supported to live healthier lives, more needs to be done to support households that have no way to respond to situations outside of their control. It is important that the response to the current crisis considers not just individual responsibility, but collective responsibility from all tiers of society. For countless individuals and families, including people in work, there is very little room for manoeuvre left to put individual responsibility into practice.

They have done all they can and now need help, compassion and support from others to ensure they don't face these challenges alone.



Of the public feel pessimistic about their household's financial situation over the next 2 years



Of those who feel pessimistic, 76% are concerned that they are already running out of ways to minimise costs without cutting back on essentials



Of the public are concerned they are already running out of ways to minimise costs without cutting back on essentials



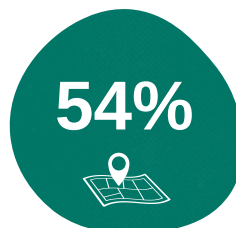
Of those who are concerned they are already running out of ways to minimise costs without cutting back on essentials, 31% have received the £650 cost-of-living payment

**Together we can make a difference.** We must all be more understanding of the challenges that increasing numbers of us are facing, think outside the box when looking for solutions, and be more open to stepping up with the knowledge that we can make a real collective difference. Collective action from Government, businesses and communities is needed, and this is widely supported by the public.

% of the public who think the following should be doing more to support them through the cost-of-living crisis...



Central government



Local councils



Employers

# Discussion – not just a case of weathering the storm...

What this polling data, discussions with those delivering public health services, and analysis of research collectively tells us is that the cost-of-living crisis is not only having an impact now on our own health and wellbeing, but that unless adequately addressed, it will have a massive impact on the future health of the UK and on the productivity and wealth of the nation.

**The current crisis has pushed many more into poverty, or has left them with limited or no options but to cut back on the items and activities that support the basics of healthy living.** In addition to this, huge numbers of individuals and families have always faced financial insecurity. Even before the Covid-19 pandemic began, the UK had been left behind when compared with other similar countries in terms of population health, and over the last decade we've seen life expectancy stall in the UK and now decreasing for groups living in more deprived areas.[12]

**The current financial crisis is squeezing those who previously could have weathered the storm.** On top of the increasing inequalities that we see impacting particular groups and communities, we are also now seeing a growing negative shift in the health of people across the UK. NHS Providers recently warned that 95% of Trust leaders reported the rising cost-of-living has either significantly or severely worsened health inequalities in their local area and we've been hearing these concerns from RSPH members too.

**To support the health of the nation, the public health workforce who deliver services and programmes are more important than ever.** At the RSPH we've been listening to the public health workforce, who tell us they need adequate funding to continue to deliver impactful services, and they need support to grow and develop. However, there is little evidence of commitment to these key approaches by government with the scrapping of the Health Disparities White Paper and little movement around the Levelling Up strategy.

The 1% public services spending promise recently announced in the 2022 Autumn Statement [13] will in no way match the 24% real terms cut the public health grant has faced since 2015/16. If we want the levelling up agenda to have the desired impact, then the cost-of-living needs to be addressed. Whilst the plan from the 2022 Autumn Statement to address NHS workforce challenges is welcome, it is of equal importance that the government commit to a plan to grow and support the public health workforce who are burnt-out, facing increasing pressures, and do not have the resources to plan and deliver services. Yet there was no mention of this vital component to health delivery.

**It is important that the government supports people through this current financial crisis, but also has an eye on the future of the nations' health.** In the 2022 Autumn Statement there was no mention of public health and the importance of the prevention of ill-health. With the health and wealth of the UK in the balance and the sustainability of the NHS in question, a public health approach is needed more than ever.

# Policy recommendations

## 1

### **Financial support for families and public health services**

Central government must consider expanding long-term targeted financial support for those most at risk, including low-income groups, the middle age bracket, parents, and those living with a disability or long-term health condition. Appropriate funding for local government is also crucial. During the Covid-19 pandemic we saw public health workforce empowered to step-up and innovate and, with adequate funding at the local level, services would be able to deliver support depending on the needs of local communities during this crisis.

While the UK is experiencing considerable macro-economic challenges, government must view the expansion of such support as a direct investment into preventing ill-health caused by financial insecurity. In doing so, our nation's wellbeing, our NHS, and our economic productivity will be better protected into the future.

## 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. For example, businesses may look to expand mental health first aid training to support employee wellbeing and local authorities may consider establishing energy rebate donation and re-distribution schemes.

By developing a culture of innovation across our entire societal infrastructure the support systems we have, or could make available, can be fully maximised.

## 3

### **Monitoring the long-term health impacts of the cost-of-living**

Data on the impacts of financial insecurity on health and wellbeing are crucial to drive the development and delivery of support. This needs to be conducted independently and the data made freely available so that those who design health systems have access to insight from their local area.

## 4

### **Support the public health workforce so they can support us**

The public health workforce must be supported so they can support us to live long and healthy lives. A long-term strategy and collective workforce plan are needed to support and grow the public health workforce. This should look to address the challenges of recruitment, retention and career pathways that are widespread across the sector.

This is something the RSPH have worked on previously and we would welcome the opportunity to work on with others going forward.[14] Such a plan could set national guidance and direction of travel, whilst acknowledging the wealth of local knowledge and systems.

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The report can also be accessed online at:  
[www.rsph.org.uk/costoflivingcrisis/](http://www.rsph.org.uk/costoflivingcrisis/)

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