

## Cost of living: current awareness (December 2022)

Databases searched: Proquest Public Health, Medline, CINAHL, Proquest Sociology Collection, Social Care Online, Social Policy and Practice, PsycInfo

### Sample search strategy (Medline)

- 1 (cost\* adj3 living).mp.
- 2 ((rising adj6 price\* or (rise adj6 price\*))).mp.
- 3 ((rising adj6 cost\* or (rise adj6 cost\*))).mp.
- 4 (wages or "universal credit\*" or "tax credit\*").mp.
- 5 ("food poverty" or "food bank\*" or "food program\*").mp.
- 6 ((heat\* adj3 eat) or (heat\* adj3 eating)).mp.
- 7 ("fuel poverty" or "energy poverty").mp.
- 8 ("warm bank\*" or (heat\* adj6 home\*) or (cold adj3 home\*))).mp.
- 9 "energy cap".mp. 1
- 10 ((child\* adj4 poverty) or (famil\* adj4 poverty)).mp.
- 11 Marmot.af.
- 12 or/1-11
- 13 limit 12 to english language
- 14 limit 13 to yr="2022"
- 15 remove duplicates from 14

### Additional searches:

Google advanced search restricted to reports (.PDF files)

Keywords included: "cost of living", "fuel poverty", "energy poverty", "food banks", heating, "child poverty", "living standards", "cold homes"

Websites of relevant organisations

### Sections:

- Scottish Government
- Scotland: reports by Scottish organisations or by other bodies about Scotland
- UK Government, Parliament, Office for National statistics
- UK, England, Wales: reports by other organisations
- Articles
- Selected news coverage

### Scottish Government

#### **Scottish Government (2022) [Scottish Budget 2023-24: equality and Fairer Scotland statement: Annex B: Social and Economic Context](#)**

Outlines the unequal impact of the cost of living crisis on different groups. Notes the impact on demand for mental health services: "As one example, there is a risk of increased mental distress for a person no longer able to heat their home. If they had no prior mental ill health, the risk of severe mental distress doubles. The risk triples for those previously on the borderline of severe mental distress. This can lead to increased demand on mental healthcare services ... The cost of living crisis has also led to large proportions of people reporting impacts on their mental health related to financial stress, with women ... and low income households being disproportionately impacted."

Scotland: reports by Scottish organisations or by other bodies about Scotland

#### **Child Action Poverty Group in Scotland and Improvement Service (2022) [Child Poverty and the Cost of Living](#)**

This briefing provides an overview of child poverty in Scotland and how households with children might be affected by increases in the cost of living. It highlights the areas and

household types likely to be affected most severely, considers what can be done at local level to prevent families with children experiencing income crisis, with a particular emphasis on cash first approaches and suggests steps that local authorities might take to ensure low income families with children are appropriately supported.

(for **Public Health Scotland**) Douglas, M., McCartney, G., Richardson, E., Taulbut, M. and Craig N. (2022) [\*\*Population health impacts of the rising cost of living in Scotland: a rapid health impact assessment\*\*](#)

The HIA identified that falling real incomes could have adverse effects on individuals and households through: increased problem debt, food insecurity, fuel poverty and poorer housing conditions, increased homelessness, mental distress, reduced social interaction, reduced access to goods and services, increased harmful gambling and substance use in some populations, stress on family relationships and family violence, adverse impacts on child development and education, increased crime and reduced capacity of public services to meet these needs. Many of these will have adverse impacts on health and health inequalities in the short term, but they are also likely to reduce population resilience and increase health inequalities in the longer term. The impacts on children and young people could have lifelong effects on their life chances and health. Potential positive impacts are reduced consumption of alcohol and tobacco, reduced motor traffic leading to reductions in air pollution, injuries and physical inactivity. Longer-term responses to inflation including austerity measures and economic recession would bring further impacts on health. The impacts will not be evenly spread across the population. Low-income populations will be most affected, including homeless people and other populations at high risk of poverty. Disabled people, older people, children and rural populations are more likely to be affected by increased prices and many of the adverse impacts. Actions to mitigate the impacts should aim to increase and protect incomes, especially for low-income households, improve energy efficiency and quality of housing, reduce barriers to public and active transport, support public and community services to meet the needs identified above, prioritise education and support for children and young people, reduce other health harms, avoid stigmatising approaches and communications, prioritise wellbeing and inclusion in national and local economic policy and strategies and assess mitigation measures for their impact on health and inequalities

**Scottish Women's Budget Group (SWBG) and The Poverty Alliance (2022)** [\*\*"It's hard work being poor" : Women's Experiences of the Cost-of-Living Crisis in Scotland FINAL REPORT.\*\*](#)

Women in Scotland are experiencing increasing financial hardship and are at risk of falling into further debt as a consequence of the cost-of-living crisis. Women in low-paid work reported often missing out on social security support or cost-of-living payments, or free school meals, because they earn just above income thresholds. Women told researchers they are worried whether they will be able to afford their energy bills in winter and parents and carers are struggling to afford food and essential items like baby wipes, incontinence pads, and toilet roll. Includes case studies.

UK Government, Parliament, Office for National statistics

**Office for National Statistics (2022)** [\*\*Cost of living and depression in adults, Great Britain: 29 September to 23 October 2022\*\*](#)

Around 1 in 6 (16%) adults experienced moderate to severe depressive symptoms; this is similar to rates found in summer 2021 (17%), however higher than pre-pandemic levels (10%). When comparing within population groups, prevalence of moderate to severe depressive symptoms was higher among adults who were economically inactive because of long-term sickness (59%), unpaid carers for 35 or more hours a week (37%), disabled adults (35%), adults in the most deprived areas of England (25%), young adults aged 16 to 29 years (28%) and women (19%). Around 1 in 4 (24%) of those who reported difficulty paying their energy bills experienced moderate to severe depressive symptoms, which is nearly three times higher than those who found it easy

to pay their energy bills (9%). Around 1 in 4 (27%) adults who reported difficulty in affording their rent or mortgage payments had moderate to severe depressive symptoms; this is around two times higher compared with those who reported that it was easy (15%). Nearly a third (32%) of those experiencing moderate to severe depressive symptoms reported that they had to borrow more money or use more credit than usual in the last month compared with a year ago; this is higher compared with around 1 in 6 (18%) of those with no or mild depressive symptoms.

**Office for National Statistics (2022) [Cost of living latest insights](#)**

The latest data and trends about the cost of living covering energy, spending, housing, society, work and society. Over half of adults are worried about keeping warm this winter.

**House of Lords Library (2022) [Cost of living: The healthcare ecosystem](#)**

This article explores how the rising cost of living has affected the UK healthcare ecosystem. Rising energy prices and food insecurity can lead to an increasingly ill population, while staff shortages and high hospital bills add pressure to the health system. In November 2022, the UK government announced an £8bn spending increase for health and adult social care, but some organisations have said it is not enough.

UK, England, Wales: reports by other organisations

**BMA (2022) [The country is getting sicker The urgent need to address growing health inequalities and protect our health in the face of an economic crisis.](#)**

“This report contains anonymous testimonials from doctors, patients, and carers across the UK about their experiences of a country that is getting sicker in the face of an economic crisis. Doctors may or may not be BMA members, but the patients and carers featured are all members of the BMA’s patient liaison group. While this document and its recommendations are primarily aimed at government policy in England, the issues reported by doctors occur across the UK and the issues raised affect us all.”

**Joseph Rowntree Foundation (2022) [Going under and without: JRF’s cost of living tracker, winter 2022/23](#)**

Low-income households’ finances continue to buckle under the pressure of the cost of living crisis, as 7.2 million are going without the basics, and 4.7 million are behind on their bills. Households on the very lowest incomes who are struggling the most, with three quarters of those in the bottom 20% of incomes going without food or other basic essentials like clothing or toiletries. People on Universal Credit (UC), private renters and young adults are all seeing rising levels of hardship.

**King’s College London (2022) [On the edge: What the cost-of-living crisis could mean for UK mental health](#)**

The ESRC Centre for Society and Mental Health is launching a series of initiatives both to highlight the mental health impacts of rising costs of living and cuts to public services. As an introduction, they summarise existing research that demonstrates the negative impacts on mental health of poverty and austerity.

**King’s Fund (2022) [The cost-of-living crisis: is the nation’s health paying the price?](#) (Podcast)**

Anna Charles speaks to Torsten Bell, Chief Executive of the Resolution Foundation, Helen Barnard, Associate Director at the Joseph Rowntree Foundation, Marie Gabriel CBE, Chair of North East London Integrated Care System and Cormac Russell, Founding Director of Nurture Development, to find out how the cost-of-living crisis is impacting the nation’s health and wellbeing and what the health and care system can do in response.

**Public Health Wales (2022) [Cost of living crisis in Wales: a public health lens](#)**

The cost of living crisis means more people are unable to afford the essentials, which has significant and wide-ranging negative impacts on mental and physical health. These can have long-term consequences for the people affected and the systems and services that are needed to support them. People living in the poorest parts of Wales already die more than six years earlier than those in the least deprived areas, and the cost of living crisis will accelerate what were already increasing differences in health between those with more and less money. The current cost of living crisis is not just a temporary economic squeeze: it is a long term public health issue affecting the whole population. The impact on health and well-being in Wales has the potential to put it on the same scale as the COVID-19 pandemic, which had already exacerbated existing inequalities in Wales. The cost of living crisis requires an urgent public health response in order to 1) mitigate the effects of the immediate crisis; and 2) tackle the underlying causes so that health, well-being and inequality are improved in the longer-term.

**Royal Society for Public Health (2022) [Our health: the price we will pay for the cost-of-living crisis](#)**

The report (based on a recent public poll) found that 47% of all households are concerned they are running out of ways to minimise costs further without cutting back on essentials; among those who think their financial situation is going to get worse over the next year, 75% are already concerned they are running out of ways to minimise costs without cutting back on essentials; 41% are concerned that the cost-of-living is impacting their physical health; only 48% feel confident they can rely on their social and community networks for mental and emotional support this winter. The health impact of the cost-of-living crisis is unlikely to be spread across society equally. People who are on a low income, live with a disability or long-term ill-health, are female, parents, or middle aged are consistently more concerned about the cost-of-living crisis, have fewer social and financial resources to draw on for support and are already making cutbacks which will impact their health and wellbeing. In turn, the health inequality gap between the most and least socially disadvantaged groups in society will grow even wider.

**Scope (2022) [Cost of living: the impact for disabled people](#)**

Disability charity Scope's report summarising the effect of the cost of living crisis on disabled people and parents caring for disabled children including issues with rising heating costs.

(for **World Health Organization (WHO) Collaborating Centre on Investment for Health and Well-being, Public Health Wales**) Janssen H, Gascoyne B, Ford K, Hill R, Roberts M and Azam S (2022). [Cold homes and their association with health and well-being: a systematic literature review.](#)

Overall, the evidence from this systematic literature review suggests that living in cold homes (i.e. below 18°C) is associated with adverse effects on health and well-being. Due to study data heterogeneity, there is insufficient evidence to draw clear conclusions regarding outcomes at specific temperature thresholds. Nevertheless, there is consistent evidence that temperatures of below 18°C are associated with negative effects on health measures. This suggests that the minimum temperature of 18°C to which the World Health Organisation (WHO) and UK authorities currently recommend the general population heat their homes is safe for health. However, the summarised evidence has several limitations including a lack of personal exposure measurements and the inability to clearly establish causal relationships between the temperatures achieved and outcome variables. This review highlights significant gaps in the current evidence base with further research needed in several areas including: an exploration of the impacts of cold homes on mental health and well-being; isolation and loneliness; and the wider determinants of health, such as educational attainment. studies involving young children (under 5 years) and those living in fuel poverty, an examination of the specific temperature thresholds at which health effects start, studies exploring the long-term health and well-being effects of exposure to cold homes. The evidence from this review also needs to be considered in the context of challenges such as the rising cost of living,

remote working as a result of the COVID-19 pandemic, climate change, and the temperatures being achieved within homes in Wales.

Articles (contact [lyn.mair@nhs.scot](mailto:lyn.mair@nhs.scot) for full-text)

**Abbasi, K. (2022). Poor housing and dark satanic mills. *BMJ (Online)*, 379, o2894.**

Articles in The BMJ this week featuring mills and housing may seem like a throwback, but the problems they raise, from science to social welfare, are very contemporary. The impact of the cost of living crisis is clear for health professionals to see, and, where once poor laws offered relief to people who were disadvantaged, recent law making and spending plans will not do enough for people feeling the “consequences of creaking public services in a nation getting poorer” (doi:10.1136/bmj.o2837).1

**Adjei, N. K., Schlüter, D.,K., Straatmann, V. S., Melis, G., Fleming, K. M., McGovern, R., et al. (2022). Quantifying the contribution of poverty and family adversity to adverse child outcomes in the UK: Evidence from the UK millennium cohort study. *Lancet*, 400, S16-S16.**

Background: Adolescent health is poor in the UK, with higher prevalence of adverse outcomes in adolescents exposed to family adversities that cluster with poverty from early life. However, little evidence exists to quantify the contribution of these exposures to poor child health in the UK to inform policy. The aim of this study was to estimate the proportion of child physical, mental, cognitive, and behavioural outcomes that could be prevented if exposure to poverty and family adversity during childhood were eliminated. Methods: We used nationally representative birth cohort data from the UK Millennium Cohort Study to calculate population attributable fractions. Exposure trajectories were characterised using previously developed group-based multi-trajectory models of childhood adversities up to age 14 years, including low poverty and family adversity, persistent poverty, persistent parental alcohol use, persistent domestic violence and abuse, and persistent poverty and poor parental mental health trajectory; and we assessed the effect of these trajectories on adolescent outcomes using regression models. These models were used to calculate population attributable fractions by contrasting a hypothetical scenario in which all children were in a low poverty and family adversity trajectory with the real-world scenario. Findings: The identified exposure trajectories contributed substantially to the burden of childhood developmental problems. Compared with the low poverty and family adversity trajectory, the overall percentage of socioemotional behavioural problems at age 14 years attributable to persistent poverty and family adversity trajectories was 54% (95% CI 45-60). A percentage of 36.1% (95% CI 21.8-46.2) was reported for drug experimentation, 32.6% (18.8-40.7) for cognitive disability, and 27.4% (12.9-34.9) for obesity (appendix). Interpretation: Poverty and family adversity contribute to a substantial burden of adverse child health and developmental outcomes in the UK population.

**Briggs, V. (2022). What kind of practical help and support is available for nurses' mental health?: With short-staffing, ongoing COVID-19 pressures and the cost-of-living crisis hitting home, here's how nursing staff and managers can help colleagues – and themselves. *Mental Health Practice*, 25(6), 10-11.**

The article offers suggestions how nursing staff and managers can help colleagues and themselves in the wake of short-staffing, COVID-19 pressures, and the cost-of-living crisis. Topics include the establishment by psychotherapist Claire Goodwin-Fee of psychological support service Frontline19, one of the biggest factors that bring nurses to the NHS Practitioner Health service according to Chief Executive Lucy

Warner, and comments from RCN professional lead for mental health Stephen Jones.

**Burlinson, A., Davillas, A., & Law, C. (2022). Pay (for it) as you go: Prepaid energy meters and the heat-or-eat dilemma. *Social Science & Medicine*, 315, N.PAG-N.PAG.**

The "heat-or-eat" dilemma, a trade-off typically between food consumption and heating, may elevate public health concerns during the 2022 energy-price crisis. Our paper contributes to the literature by exploring the role of domestic energy prepayment meters (PPMs) in the heat-or-eat dilemma, focusing on the association between PPM use and fruit and vegetable consumption. Using a representative sample of 24,811 individuals residing in Great Britain (January 2019–May 2021), we find robust evidence of lower fruit and vegetable consumption amongst individuals using PPMs, compared to those using post-payment energy bill payment methods. On average, our point estimates suggest that individuals using a PPM consume 2.7 fewer portions of fruit and vegetables per week. Our findings hold when bounding analysis is employed to account for omitted variable bias. Using a suite of IV approaches to further alleviate endogeneity concerns we found that our ordinary least squares results are consistent as opposed to IV models. Further robustness analyses highlight the deleterious impact of PPMs on people's healthy eating habits relevant to the consumption of enough fruit and vegetables. Our results suggest that targeted support for PPM users may have beneficial effects on people's fruit and vegetable consumption patterns. This paper explores the role of prepayment meters (PPMs) in the heat-or-eat dilemma. We focus on fruit and vegetable consumption, a crucial element of healthy diets. Negative associations between PPMs and fruit and vegetable consumption are observed. OLS estimates show PPM users eat fewer portions of fruit and vegetables (2.7/week). Bounding and instrumental variable analyses suggest the OLS results are consistent.

**Butler, D., Copeland, M., & Scott, M. (2022). The cost of keeping warm and the price of inadequate policy. *BMJ (Online)*, 379, o2461-o2461.**

As winter approaches, the risk of the cost of living crisis transforming into a health crisis will increase, say Danielle Butler and colleagues.

**Goodwin S. (2022). Ending the food bank paradox. *BMJ (Clinical Research Ed.)*, 379, o2919.**

Donations and surplus food to food banks are falling. Sabine Goodwin, coordinator of the Independent Food Aid Network, summarises the current problems and appeals for supporters to write to MPs to take action against poverty.

**Iacobucci G. (2022). Patients cut back on drugs to save on prescription fees as cost of living crisis bites. *BMJ (Clinical Research Ed.)*, 378, o2363.**

Patients are rationing their use of vital medicines to save on prescription charges in response to the cost of living crisis, a survey has indicated. A poll by the charity Asthma + Lung UK found that almost a sixth of people with asthma (523 of 3471) were cutting back on using their inhaler to make it last longer. Some 6% (196) said they had not been getting their prescriptions, one in 10 (356) said they were rationing use of medical devices that required electricity, such as nebulisers,

**Iacobucci, G. (2022). GPs prescribe heating to at-risk patients to tackle effects of fuel poverty. *BMJ (Online)*, 379, o2835.**

A pilot scheme that allows GPs to prescribe heating to patients at higher risk of hospital admission in the cold is being extended to help ease the impact of the cost of living crisis. The warm home prescription pilot which trialled in Gloucestershire earlier this year, has funded home heating for 28 patients on low incomes who were deemed to be at highest risk of being admitted to hospital. The scheme is now being

extended to 150 households in Gloucestershire and an additional 1000 homes in Teesside and **Aberdeen** following promising results in the pilot.

**Jackson, C. (2022). Counting the cost. *Therapy Today*, 33(10), 16-20.**

The article discusses the impact of the financial crisis on counselors and their practice, as well as their clients. Topics include results of the 2022 Mindometer survey published by the British Association for Counselling and Psychotherapy in September 2022, steps taken by Motherwell Cheshire to keep its counseling service accessible to clients, and a low-cost service offered by the Bath Centre for Psychotherapy and Counseling (BCPC) where clients are seen by students training with them.

**Lawler, C., Sherriff, G., Brown, P., Butler, D., Gibbons, A., Martin, P., et al. (2022). Homes and health in the Outer Hebrides: A social prescribing framework for addressing fuel poverty and the social determinants of health. *Health & Place*, 79, 102926.**

Health services are increasingly being reshaped with reference to addressing social determinants of health (SDoH), with social prescribing a prominent example. We examine a project in the **Outer Hebrides** that reshaped and widened the local health service, framing fuel poverty as a social determinant of health and mobilising a cross-sector support pathway to make meaningful and substantive improvements to islanders' living conditions. The 'Moving Together' project provided support to almost 200 households, ranging from giving advice on home energy, finances and other services, to improving the energy efficiency of their homes. In so doing, the project represents an expansion of the remit of social prescribing, in comparison with the majority of services currently provided under this banner, and can be seen as a more systemic approach that engages with the underlying conditions of a population's health. We present a framework through which to understand and shape initiatives to address fuel poverty through a social prescribing approach. Copyright © 2022. Published by Elsevier Ltd.

**Limb, M. (2022). Doctors report "cry of pain" at witnessing worsening health under government cuts. *BMJ (Online)*; *BMJ*, 379, o2908-o2908.**

Doctors across the UK have told the BMA of the distress they are experiencing at witnessing people's health suffer as a result of years of "government neglect and funding cuts." Comment on BMA report "The country is getting sicker" (see above).

**Marmot M. (2022). Public health and health inequalities: A half century of personal involvement. *Journal of Public Health (Oxford, England)*, 44(1), i23-i27.**

**Marshall, L., Bibby, J., Suckling, R., & Holden, B. (2022). Health impacts of the rising cost of living: Reframing the UK narrative. *Public Health (Elsevier)*, 213, 114-116.**

The cost of living crisis in the United Kingdom is a health crisis that will hit the most vulnerable in our society the hardest: including people living in poverty and, perhaps especially, children. Public health professionals need to communicate in ways that help people understand the impact of the crisis and support the action urgently needed.

**McCay, L. (2022). Why a health inequalities white paper is still so vital and should not be scrapped. *BMJ (Online)*, 378, o2369-o2369.**

Health inequalities across the country have been widening for many years, and if they had ever not been obvious before, the covid-19 pandemic served to shine a spotlight on the health inequalities which are so keenly apparent in so many communities across the UK.

**McKenna, C. (2022). Michael marmot: The health of nations. *BJPsych Bulletin*, , 1-4.** Interview with Michael Marmot. Includes comments on the cost of living crisis – ‘I’m worried it will be a humanitarian calamity in the fifth richest country in the world.’

**Pagel, C., & Yates, C. A. (2022). The NHS is facing the bleakest midwinter. *BMJ (Online)*, 379, o2550-o2550.**

With the NHS caught in a vicious cycle of connected pressures, we are heading for a very bleak midwinter, say Christina Pagel and Christian A Yates

**Peate, I. (2022). On being poor. *British Journal of Nursing*, 31(21), 1077-1077.**

The article comments on the vulnerability of poor people to unbearable conditions that prevent them from achieving fulfillment and being the best they can be. It identifies the psychological consequences of poverty such as cognitive dysfunction, emotional disturbance, distress, social exclusion, unhappiness and disenfranchisement. It considers the role of the social and economic determinants of health in the discourse of poverty and the outcomes of poverty such as inequity and social injustice.

**Pension opt-outs blamed on living costs.(2022). *Nursing Standard*, 37(12), 6-6.**

The article reveals that more than 66,000 nurses in England and Wales have opted out of their pension schemes due to rising cost of living, according to the National Health Service (NHS) Business Services Authority data between April and July 2022.

**Richardson, E., McCartney, G., Taulbut, M., Douglas, M., & Craig, N. (2022). Population mortality impacts of the rising cost of living in Scotland: Modelling study. *Medrxiv*, , 2022.11.30.22282579.**

Objectives To estimate the potential impacts of unmitigated and mitigated cost of living increases on real household income, mortality, and mortality inequalities in **Scotland**. Design Modelling study. Setting Scotland, 2022/23. Participants A representative sample of 5,602 Scottish individuals (within 2,704 households) in the 2015/16 Family Resources Survey. We estimated changes in real household income associated with differential price inflation (based on proportion of household spending on different goods and services, by income group), both with and without mitigating UK Government policies, and scaled these to the Scottish population. We estimated mortality effects using a cross-sectional relationship between household income and mortality data, by deprivation group. Interventions Baseline was Scotland in 2022/23 with the average wage and price inflation of preceding years. The comparison scenarios were unmitigated cost of living increases, and mitigation by the UK Government’s Energy Price Guarantee (EPG) and Cost of Living Support payments. Main outcome measures Premature mortality rate and life expectancy at birth by Scottish Index of Multiple Deprivation (SIMD) group, and inequalities in both. Results Unmitigated price inflation was 14.9% for the highest income group and 22.9% for the lowest. UK Government policies partially mitigated impacts of the rising cost of living on real incomes, although households in the most deprived areas of Scotland would still be £1,400 per year worse off than at baseline. With the mitigating measures in place, premature mortality was estimated to increase by up to 6.4%, and life expectancy to decrease by up to 0.9%. Effects would be greater in more deprived areas, and inequalities would increase as a result. Conclusions Large and inequitable impacts on mortality in Scotland are predicted if real-terms income reductions are sustained. Progressive Cost of Living Support payments are not sufficient to offset the mortality impacts of the greater real income reductions in deprived areas. What is already known on this topic Over the last decade, life expectancy in Scotland has stalled and inequalities have increased. Income reductions have been related to increased mortality risk, hence the economy matters for public health. The impacts of the rising cost of living and mitigating

policies on mortality and inequalities require estimation to inform policymaking. What this study adds The mortality impacts of inflation and real-terms income reduction are likely to be large and negative, with marked inequalities in how these are experienced. Current public policy responses are not sufficient to protect health and prevent widening inequalities. Bolder and more progressive policy responses are required if health is to improve and health inequalities are to narrow.

**Robinson, E. (2022). Obesity and the cost of living crisis. *International Journal of Obesity (2005)*, Families already have to choose between cheap and readily available energy-dense foods vs. more costly healthier food options, often financially and also in terms of preparation time. As financial hardship hits, choosing the latter will become more difficult. Households with the lowest incomes are less able to place long-term health at the top of their considerations when buying, choosing and cooking food. Recent research suggests that this is one likely reason why lower socioeconomic status is associated with higher BMI. If left unchecked, the cost of living crisis has the potential to further widen socioeconomic inequalities in obesity by disproportionately affecting disadvantaged families and communities already at risk of obesity.**

**Scott, A. (2022). Wheel of misfortune. *Community Practitioner, 95(6), 18-23.*** The article reports on the impact of the cost-of-living crisis on public health. Topics discussed include decline of household income, the Bank of England's launch of initiatives to stabilise the financial markets, and the increase in the number of people falling into absolute poverty.

**Singh, G., & Uthayakumar-Cumarasamy, A. (2022). Cost of living crisis: A UK crisis with global implications – A call to action for paediatricians. *BMJ Paediatrics Open, 6(1), e001631.*** The UK's 'cost of living crisis' (COLC) has thrown millions of families into poverty in 2022, delivering an intensifying economic shock that will likely eclipse the financial impact of the global coronavirus pandemic for children, families and communities alike. But what is the relevance for paediatricians? Written by doctors who spend considerable time confronting social problems from clinical, public health and advocacy perspectives, this article aims to untangle the COLC for those working in child health and seeks to stimulate a meaningful conversation about how we might reimagine paediatrics for life in the 21st century. Taking the current crisis as our point of departure, we argue that the UK's COLC can be best understood as a 'crisis of inequality', which has been created through social, economic and political processes that were not inevitable. The health impacts, then, are a matter of health equity and social justice. While the acuity of the crisis unfolding in the UK garners much attention, the implications are global with lessons for paediatricians everywhere. We propose that using a 'social lens' for understanding the true 'causes of the causes' of complex challenges such as COLC is essential for the 21st century paediatrician, as the consequences for child health is deep, wide-ranging and long-lasting. However, the current gap in knowledge, skills and infrastructure in this area leads to disempowerment in the profession. We end with this provocation: What, after all, does it mean to be a paediatrician in a time of economic crisis? We offer thoughts about how paediatrics might respond to social challenges, such as the COLC, acknowledging that organised and concerted action must be taken both inside and outside of health systems if we are to help bring about the changes that our patients and their surrounding communities urgently need.

**Southby, K., Bidey, T., Grimes, D., Khor, Z., South, J., & Bagnall, A. (2022). Together through tough times: A qualitative study of community resilience to protect against mental health issues in the UK. *Journal of Public Mental Health, 21(4), 279-287.***

Purpose. Living in an area experiencing economic and social disadvantage is a known risk factor to poor mental health and well-being. This paper aims to understand how some communities experiencing disadvantage appear to be more resilient to the enduring challenges they face and display better mental health outcomes. Design/methodology/approach. A qualitative case study approach was used. Semi-structured interviews (total = 74) were undertaken remotely with residents (n = 39) and voluntary, community and social enterprise groups, community leaders and other local stakeholders (n = 35) in four case study areas. Data analysis was cross-case, thematic analysis. Community analysis workshops (n = 4) and resilience mapping workshops (n = 4) in each site corroborated emerging insights. Findings. Four overlapping and interacting themes support community resilience: community hubs and local voluntary, community and social enterprise (VCSE) networks; opportunities to participate and make connections within communities; open and supportive environments to talk about mental health and well-being; and community identities and collective narratives. Differences in access to these resources was a cross-cutting theme. Originality/value. Community resilience can be understood in terms of the amount of resources – articulated in terms of capital – that communities can draw on in response to challenges, and how well these resources are mobilised. A thriving VCSE sector is important for community resilience in communities experiencing disadvantage as a mechanism for both sustainably building and mobilising community resources in the face of daily and enduring challenges.

**Villadsen A., Asaria M., Skarda I., Ploubidis G.B., Williams M.M., Brunner E.J., et al. (2022). Clustering of adverse health and educational outcomes in adolescence following early childhood poverty: Implications for UK's 'levelling up' agenda. *Medrxiv*,**

Background Early childhood poverty is associated with poorer health and educational outcomes in adolescence. However, there is limited evidence about the clustering of these adverse outcomes by income group. Methods We analysed five outcomes at age 17 known to limit life chances - psychological distress, self-assessed ill health, smoking, obesity, and poor educational achievement - using data from the longitudinal UK Millennium Cohort Study (N=15,245). We compared how single and multiple outcomes were distributed across quintiles of household income in early childhood (0-5 years) and modelled the maximum potential benefit of tackling the income gradient in these outcomes. Findings Children from the poorest households were 12.7(95% CI 6.4-25.1) times more likely than those from the richest to experience four or five adverse adolescent outcomes, with poor educational achievement and smoking showing the largest single risk ratios-4.6(95% CI: 4.2-5.0) and 3.6(95% CI 3.0-4.2), respectively. We modelled hypothetical absolute and relative poverty elimination scenarios, as well as an income inequality elimination scenario, and found these would yield maximum reductions in multiple adolescent adversity of 5%, 30%, and 80% respectively. Interpretation Early childhood poverty is more strongly correlated with multiple adolescent adversity than any single adverse outcome. Reducing absolute poverty alone is not sufficient to eliminate the life-long burden of multiple adversity, which disproportionately impacts children across the bottom three-fifths of the income distribution. An ambitious levelling up agenda needs co-ordinated multi-agency action to tackle the complex interacting factors generating the steep social gradient in multiple adolescent adversity. Copyright The copyright holder for this preprint is the author/funder, who has granted medRxiv a license to display the preprint in perpetuity. It is made available under a CC-BY-NC-ND 4.0 International license.

**Walsh, D., Dundas, R., McCartney, G., Gibson, M., & Seaman, R. (2022). Bearing the burden of austerity: How do changing mortality rates in the UK compare between men and women? *Journal of Epidemiology and Community Health*, 76(12), 1027-1033.**

Background Mortality rates across the UK stopped improving in the early 2010s, largely attributable to UK Government's 'austerity' policies. Such policies are thought to disproportionately affect women in terms of greater financial impact and loss of services. The aim here was to investigate whether the mortality impact of austerity—in terms of when rates changed and the scale of excess deaths—has also been worse for women. Methods All-cause mortality data by sex, age, Great Britain (GB) nation and deprivation quintile were obtained from national agencies. Trends in age-standardised mortality rates were calculated, and segmented regression analyses used to identify break points between 1981 and 2019. Excess deaths were calculated for 2012–2019 based on comparison of observed deaths with numbers predicted by the linear trend for 1981–2011. Results Changes in trends were observed for both men and women, especially for those living in the 20% most deprived areas. In those areas, mortality increased between 2010/2012 and 2017/2019 among women but not men. Break points in trends occurred at similar time points. Approximately 335 000 more deaths occurred between 2012 and 2019 than was expected based on previous trends, with the excess greater among men. Conclusions It remains unclear whether there are sex differences in UK austerity-related health effects. Nonetheless, this study provides further evidence of adverse trends in the UK and the associated scale of excess deaths. There is a clear need for such policies to be reversed, and for policies to be implemented to protect the most vulnerable in society.

**Waterall, J., Newland, R., & Murphy, S. (2022). Understanding the impact of money on people's health and wellbeing. *British Journal of Nursing, 31(21), 1124-1125.***

The article analyzes the impact of money on people's health and wellbeing. Topics discussed are effect of poverty on ability to access good nutrition and opportunities for community engagement, emotional and psychological drains of poverty aligned with mental health and association with isolation and loneliness, correlation between ill health and financial insecurity, association between poverty and social inequities, and role of nurses and midwives in promoting financial wellbeing of patients.

**What effect is the cost-of-living crisis having on community patients? (2023). *Journal of Community Nursing, 36(6),8***

In a survey of patients by the Royal College of Physicians, doctors reported increased health inequalities resulting from the cost-of-living crisis, with specific examples including patients missing lung cancer investigations because of travel costs, and respiratory conditions such as asthma and chronic obstructive pulmonary disease (COPD) worsened by poor living conditions such as mould ('Rising cost of living is damaging people's health, says royal college').

Selected news items

**Guardian (2022) [The heat or eat diaries](#)** periodic "Dispatches from the frontline of Britain's cost of living emergency"

**ITV News (2022) [Cancer patients choosing between treatment and working amid cost of living crisis](#)** (22<sup>nd</sup> November 2022)

Cancer patients are having to choose between lifesaving treatment, or surviving day to day, as the cost of living continues to rise. The problem isn't just the rising cost of fuel to get to appointments, but the delay in receiving government benefits. Cancer charity Maggie's say patients are having to wait on average a minimum of 13 weeks before they get any financial help, which has led some people to having to sell their homes.