

## [Health inequality isn't all caused by income inequality](#) [1]

Written by [Tim Worstall](#) [2] | Sunday 23 June 2013

Chris Snowden has picked up on something that has long been a bugbear of mine. I shouted about it back when the Marmot Review on health inequality came out. It simple isn't true that all health inequality is as a result of income inequality: but that was the stance that the [Review took](#) [3].

Poor health will likely lead to low incomes, for example (reverse causation)

Absolutely: there are two effects going on. Getting some ghastly chronic disease in your 40s is obviously going to make you poorer in your 60s than if uyou'd been able to continue your meteoric rise up the career ladder to glory and a CEO's paycheque. I have no doubt that income inequality leads to some health inequality: I'd be surprised to find rich children suffering from vitamin deficiencies for example (assuming that Mother doesn't try all of the Mail's diet advice on her anklebiters) for example. But it's also true that health inequality leads to income inequality.

There's another effect going on as well. We're annually reminded (when the figures come out) about the geography of health inequality too. Men in Manchester or Glasgow die younger than those in Eastbourne for example. But again we're not being told a very important part of the story: people do move around you know. So it isn't true that someone born in Glasgow is destined for an early death: rather, it's those who don't climb the ladder up out of the slums who are. And the reason that lives are so long in Eastbourne or other retirement hotspots is that people only move to them when they are indeed retiring. And age expectations at 65 are very much higher than expected life span at birth. Simply because you've already survived, by definition, all of the things that were going to kill you before you got to 65.

Along with Snowden I tend to think that there are certain sets of statistics that are deliberately misrepresented in order to lead to a desired political conclusion. And those on health and age at death inequality are two sets of them.

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