

New Labour's policies reduced geographical inequalities in infant mortality rates

March 19 2019



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Efforts by the Labour government to reduce inequalities between the most deprived areas of England and the rest of the country had a positive impact on infant mortality rates, suggests research by the Universities of

Newcastle, Leeds, York, and Liverpool published online in the *Journal of Epidemiology & Community Health*.

However, the authors warn that the current Conservative government's austerity policies may have undermined these gains because the trend in decreasing inequalities has not continued perhaps due to austerity measures.

When Tony Blair's New Labour government came to power in 1997, it attempted to use policy levers to reduce geographical health inequalities in England.

There was a focus on early years, education, supporting families, engaging communities in tackling deprivation, improving prevention, increasing access to healthcare and tackling the underlying social determinants of health (e.g. via tax credits and introducing the [minimum wage](#)).

A range of social programmes such as SureStart were funded and there were large funding increases for the NHS and other public services.

However, when the Conservative-Liberal Democrat coalition took control in 2010 this strategy was replaced with austerity measures intended to reduce the national deficit.

For this study the authors examined what impact New Labour's policies had on health inequalities by measuring inequalities in the infant mortality rate between the most deprived local authorities and the rest of England before, during and after its health inequalities strategy was put in place.

They found that before New Labour's health inequalities strategy (1983-1998), the gap in the infant mortality between the most deprived

local authorities and the rest of England increased at a rate of 3 infant deaths per 100,000 births per year.

During the strategy period (1999-2010), the gap narrowed by 12 infant deaths per 100,000 births per year and after the strategy period ended (2011-2017) the gap began increasing again at a rate of 4 deaths per 100,000 births per year.

There was also a marginal decrease in relative inequalities during the strategy period.

This is an observational study, and as such, can't establish causality. The authors also highlight that their results may have differed if they had used infant survival rather than infant mortality as an outcome measure, or occupational class rather than geographical area as a measure of deprivation.

The observed decrease in inequalities in the infant [mortality](#) rate may also have been impacted by broader government strategies rather than the health inequalities strategy alone, they add.

Nevertheless, they say: "The multifaceted English health inequalities strategy, implemented between 1999 and 2010, was associated with a decrease in geographical inequalities in the [infant mortality](#) rate between the most and less deprived English local authorities."

"These results imply that government policies specifically introduced to decrease inequalities in health may be beneficial, and that their discontinuation as a result of austerity may see inequalities increasing again."

They add that the findings have important implications for current and future health policy. "Our analysis suggests that it is increases in public

spending on healthcare and welfare that are associated with decreases in inequalities in the [infant mortality rate](#), and this is something that should be learnt from by current and future governments.

"Current [government](#) policies are arguably going in the wrong direction and may squander some of the gains made in the health inequalities [strategy](#) period," they conclude.

More information: The impact of New Labour's English health inequalities strategy on geographical inequalities in infant mortality: a time-trend analysis, [DOI: 10.1136/jech-2018-211679](https://doi.org/10.1136/jech-2018-211679)

Provided by British Medical Journal

Citation: New Labour's policies reduced geographical inequalities in infant mortality rates (2019, March 19) retrieved 2 May 2024 from <https://medicalxpress.com/news/2019-03-labour-policies-geographical-inequalities-infant.html>

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