

International Longevity Centre- UK (ILC-UK) Austerity and Public Health

Sin Wah Charlotte Wong, BSocSc Politics and International Relations

The ILC-UK is a think tank that specialises in researching the socio-economic impacts of longevity. Life expectancy is growing in the world but not all of the benefits of longevity are shared across society evenly.

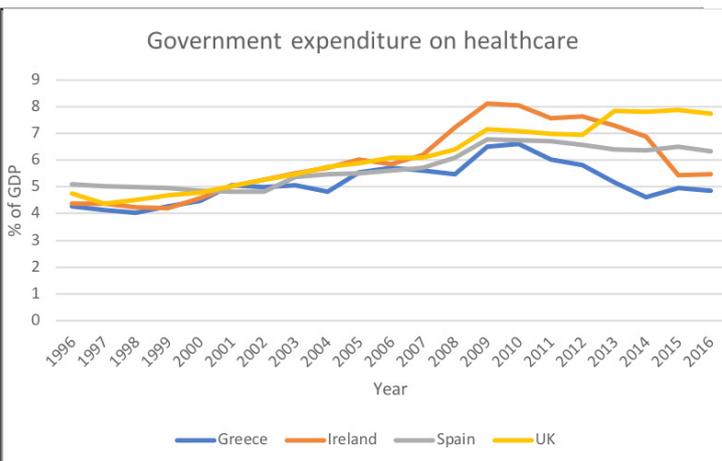
The ILC-UK, through conducting research projects and organising conferences, strives to raise public awareness in regards to the challenges and advantages that longevity brings.

Objectives

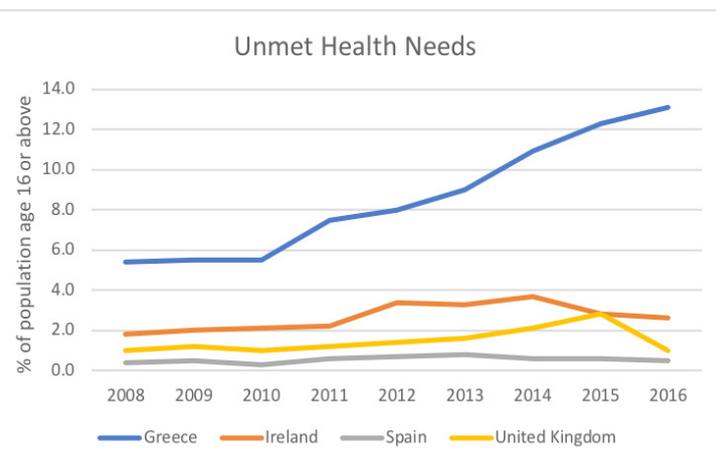
The purpose of this research is to investigate how austerity, adopted after the 2008 Financial Crisis, affected public health in Greece, Ireland, Spain and the UK.

The core purpose of this research is to assess whether austerity policies had any counterproductive consequences on Public Health in the country. If so, what kinds of austerity policies had bigger effects on public health? Other than investigating the relationship between austerity and public health, this report also includes some successful initiatives that governments launched during the recession period to promote population health.

I have gathered most of my data of the four countries from OECD and Eurostat database from 2000-2017. To introduce the 2008 Recession and the subsequent implementation of austerity, I utilised various economic indicators like unemployment rate and GDP per capita to illustrate how countries experienced the financial crisis differently.



A graph showing public health expenditure as a percentage of GDP in Greece, Ireland, Spain and the UK from 1996-2016



A graph showing the percentage of population age 16 or above having unmet health needs after 2008 in Greece, Ireland, Spain and the UK

Method

I did a mixed method analysis in this research. To illustrate the severity of healthcare funding cuts during the austerity years, I have utilised healthcare spending as a percentage of GDP to show how public, private, and out of pocket health expenditure differ in the four countries. On the other hand, I have collected data like perceived health status, mortality rates, unmet health needs to present the conditions of public health.

Results and Conclusions

The research provides interesting results. During the austerity years, some health behaviours improved. For example, alcohol and tobacco consumption continued their decreasing trends, hence both liver-disease-caused deaths and respiratory-system-related mortality rate dropped subsequently. Such phenomena occurred partly because austerity policies increased tax on luxury goods. The higher tax rates and lower disposable income during austerity years limited people from indulging in unhealthy consumptions.

I have used Excel to conduct data cleaning, data aggregation and data visualisation. I have utilised Excel to show projections of GDP growth if the 2008 crisis never happened to illustrate how the UK has 'lost' four years of economic growth due to the recession.

Nevertheless, this report does not suggest austerity improves public health. On the contrary, unmet health needs rose dramatically in all four countries after implementation of austerity, not straight after the outbreak of the 2008 Financial Crisis. Furthermore, self-perceived health deteriorated during austerity. Out-of-pocket health expenses increased in all four countries, even in the UK where public health expenditure actually increased. Austerity policies had mixed consequences on public health.

I have learnt how to use new software like STATA during my stay at the ILC-UK. I have conducted regressions using STATA to confirm the relationship between alcohol consumption and liver-disease-caused deaths.